

<i>SERFF Tracking Number:</i>	<i>GEFA-126825424</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47173</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: 7052 Policy

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form/Rate

SERFF Tr Num: GEFA-126825424 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num: 47173

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Marie Bennett,  
Stephanie Fowler

Authors: Richard Cromwell, June

Lipscomb, Jeanette Mai, Jim Lites,

Camisha Jones

Date Submitted: 10/29/2010

Disposition Date: 11/22/2010  
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: 7052 Policy

Project Number: 7052 Policy

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/22/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/21/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/22/2010

Created By: Camisha Jones

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Camisha Jones

Filing Description:

Re: Genworth Life Insurance Company

FEIN # 91-6027719 NAIC # 70025

ACCIDENT AND HEALTH INSURANCE

Individual Long Term Care Insurance Policy 7052, et al. (See enclosed Attachment A)

We are submitting the individual long term care insurance forms cited in Attachment A to this letter for your review and

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy

approval. These forms are new to our portfolio and will not replace any previously filed or approved forms. The forms are being filed concurrently in Delaware, our state of domicile.

Form 7052 is a guaranteed renewable policy which is intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996.

Coverage will be medically underwritten based on information provided in the application and from other sources, such as: attending physician statements; copies of medical records and assessments of functional capacity.

The applicant will select the policy Coverage Maximum, Nursing Facility Maximum, Coverage Percentage, Elimination Period and any optional Benefits, including Benefit Increase Options at the time of application. Parameters for these category options are included in the Statement of Variability attached.

Benefit Provisions. The following core benefits will be included in each policy:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture Benefit

In addition, the following benefits may be included in the policy by Endorsement:

- 10 Year Refund of Premium on Death Benefit
- Graded Refund of Premium on Death Benefit
- Restoration Benefit
- Family Care Benefit
- Transition Benefit
- Wellness
- International Nursing Facility
- International Coverage Benefit

Alternatively, the Refund of Premium, Restoration, Family Care and Transition Benefits may be offered as optional riders.

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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	7052 Policy		
Project Name/Number:	7052 Policy/7052 Policy		

The following benefits and premium payment options will be offered only as optional riders:

- Nonforfeiture Benefit
- Shared Coverage
- 10 Year Survivorship Benefit
- Enhanced Survivorship Benefit
- To Age 65 Premium Payment
- 10 Year Premium Payment

Several Benefit Increase Options will also be offered as listed in the attached Statement of Variability. The applicant's choice of such option, if any, will be indicated in the Policy Schedule.

Variability of Forms. We have included a Statement of Variability which addresses the purpose of any bracketed fields found in the policy and related forms.

Additional Forms. A Personal Worksheet is included for your review and approval.

Format. The forms will be computer generated and printed. The enclosed forms are in final printed format other than "John Doe" and bracketed variable information included for filing purposes. We ask that minor modifications in paper size and stock, ink, border, company logo, signatures and titles, font type (but not size) and adaptation to electronic and computer printing will be allowed.

Marketing Method. This product will be marketed through agent/producer assisted sales. Each applicant will receive an Outline of Coverage at time of application.

It is our intention to use application form 36156 and Potential Rate Increase Disclosure form 81945 CNF in the solicitation of this product. These forms were previously approved by your Department on 1/7/05 and 9/11/08 respectively.

In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, this policy may be marketed as a qualified Partnership Policy under the (State Name) Long Term Care Partnership Program.

An Actuarial Memorandum and rates are included for your review, together with any required certifications and filing fees.

We trust that this submission will be acceptable to your Department. However, please let me know if you should have any questions or comments.

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<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		

## Attachment A

Form Number	Description
7052	Policy

## Endorsements

7052 END-RP10 10 Year Refund of Premium on Death Benefit  
7052 END-GRP Graded Refund of Premium on Death  
7052 END-RB Restoration Benefit  
7052 END-FC Family Care  
7052 END-TB Transition Benefit  
7052 END-WE Wellness  
7052 END-INF International Nursing Facility  
7052 END-IC International Coverage Benefit

## Riders

7052 RDR-RP10 10 Year Refund of Premium on Death Benefit  
7052 RDR-GRP Graded Refund of Premium on Death  
7052 RDR-RB Restoration Benefit  
7052 RDR-FC Family Care  
7052 RDR-TB Transition Benefit  
7052 RDR-NFO Nonforfeiture Benefit  
7052 RDR-SC Shared Coverage  
7052 RDR-SURV10 10 Year Survivorship Benefit  
7052 RDR-ESURV Enhanced Survivorship Benefit  
7052RDR-LP65 To Age 65 Premium Payment  
7052RDR-LP10 10 Year Premium Payment

7052-OL Outline of Coverage

## Additional Forms

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy  
42422W MOD 08/25/10 Personal Worksheet

Actuarial Memorandum and Rate Sheets  
Statement of Variability

## Company and Contact

### Filing Contact Information

Camisha Jones, Compliance Analyst Camisha.Jones@genworth.com  
6610 W. Broad Street 804-484-7044 [Phone]  
Bldg 2, 5th Floor 804-281-6057 [FAX]  
Richmond, VA 23230

### Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware  
6610 W Broad Street Group Code: 350 Company Type: LifeHealth &  
Annuity  
Richmond, VA 23230 Group Name: State ID Number:  
(804) 281-6600 ext. [Phone] FEIN Number: 91-6027719

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: \$50 x forms + \$50 x rates = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	10/29/2010	41325199
Genworth Life Insurance Company	\$1,050.00	11/03/2010	41497953

SERFF Tracking Number:	GEFA-126825424	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	7052 Policy		
Project Name/Number:	7052 Policy/7052 Policy		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/22/2010	11/22/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	11/03/2010	11/03/2010	Camisha Jones	11/03/2010	11/03/2010

<i>SERFF Tracking Number:</i>	<i>GEFA-126825424</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		

## **Disposition**

Disposition Date: 11/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Supporting Document	Partnership Certification	Approved	Yes
Form	Individual Long Term Care Policy	Approved	Yes
Form	Family Care Benefit Endorsement	Approved	Yes
Form	Graded Refund of Premium on Death Benefit Endorsement	Approved	Yes
Form	International Coverage Benefit Endorsement	Approved	Yes
Form	International Nursing Facility Benefit Endorsement	Approved	Yes
Form	Restoration Benefit Endorsement	Approved	Yes
Form	10 Year Refund of Premium on Death Benefit Endorsement	Approved	Yes
Form	Transition Benefit Endorsement	Approved	Yes
Form	Wellness Endorsement	Approved	Yes
Form	Enhanced Survivorship Benefit Rider	Approved	Yes
Form	Family Care Benefit Rider	Approved	Yes
Form	Graded Refund of Premium on Death Benefit Rider	Approved	Yes
Form	10 Year Premium Payment Rider	Approved	Yes
Form	To Age 65 Premium Payment Rider	Approved	Yes
Form	Nonforfeiture Benefit Rider	Approved	Yes
Form	Restoration Benefit Rider	Approved	Yes
Form	10 Year Refund of Premium on Death Benefit Rider	Approved	Yes
Form	Shared Coverage Rider	Approved	Yes
Form	10 Year Survivorship Benefit Rider	Approved	Yes
Form	Transition Benefit Rider	Approved	Yes
Form	Outline of Coverage	Approved	Yes
Form	Personal Worksheet	Approved	Yes
Rate	Standard Premium Rates		



<i>SERFF Tracking Number:</i>	<i>GEFA-126825424</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		
		Approved	Yes

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/03/2010

Submitted Date 11/03/2010

Respond By Date

Dear Camisha Jones,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)
- Statement of Variability (Supporting Document)
- Partnership Certification (Supporting Document)
- Individual Long Term Care Policy, 7052 (Form)
- Family Care Benefit Endorsement, 7052 END-FC (Form)
- Graded Refund of Premium on Death Benefit Endorsement, 7052 END-GRP (Form)
- International Coverage Benefit Endorsement, 7052 END-IC (Form)
- International Nursing Facility Benefit Endorsement, 7052 END-INF (Form)
- Restoration Benefit Endorsement, 7052 END-RB (Form)
- 10 Year Refund of Premium on Death Benefit Endorsement, 7052 END-RP10 (Form)
- Transition Benefit Endorsement, 7052 END-TB (Form)
- Wellness Endorsement, 7052 END-WE (Form)
- Enhanced Survivorship Benefit Rider, 7052 RDR-ESURV (Form)
- Family Care Benefit Rider, 7052 RDR-FC (Form)
- Graded Refund of Premium on Death Benefit Rider, 7052 RDR-GRP (Form)
- 10 Year Premium Payment Rider, 7052 RDR-LP10 (Form)
- To Age 65 Premium Payment Rider, 7052 RDR-LP65 (Form)
- Nonforfeiture Benefit Rider, 7052 RDR-NFO (Form)
- Restoration Benefit Rider, 7052 RDR-RB (Form)
- 10 Year Refund of Premium on Death Benefit Rider, 7052 RDR-RP10 (Form)
- Shared Coverage Rider, 7052 RDR-SC (Form)
- 10 Year Survivorship Benefit Rider, 7052 RDR-SURV10 (Form)
- Transition Benefit Rider, 7052 RDR-TB (Form)

*SERFF Tracking Number:*      *GEFA-126825424*      *State:*      *Arkansas*  
*Filing Company:*      *Genworth Life Insurance Company*      *State Tracking Number:*      *47173*  
*Company Tracking Number:*  
*TOI:*      *LTC03I Individual Long Term Care*      *Sub-TOI:*      *LTC03I.001 Qualified*  
*Product Name:*      *7052 Policy*  
*Project Name/Number:*      *7052 Policy/7052 Policy*

- Outline of Coverage, 7052-OL (Form)
- Personal Worksheet, 42422W MOD 08/25/10 (Form)
- Standard Premium Rates, [7052 et al] (Rate)

**Comment:**

EFFECTIVE 1/1/10. AR RULE 57, SEC 5, SSEC 11, REQUIRES A FILING FEE OF \$50.00 PER ADVERTISEMENT AND/OR FORM. THE FILING WILL BE HELD PENDING RECEIPT OF THE BALANCE OF THE FILING FEE IN THE AMOUNT OF \$1,050.00 (22 FORMS X \$50 = \$1,100 + \$50 FOR RATE FILING = \$1,150.00).

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/03/2010  
Submitted Date 11/03/2010

Dear Stephanie Fowler,

### Comments:

In response to your objection dated 11/3/2010, please see the following which will address your comments.

### Response 1

Comments: I apologize for the oversight and I have submitted the outstanding balance of the filing fee.

### Related Objection 1

Applies To:

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)
- Individual Long Term Care Policy, 7052 (Form)
- Family Care Benefit Endorsement, 7052 END-FC (Form)
- Graded Refund of Premium on Death Benefit Endorsement, 7052 END-GRP (Form)
- International Coverage Benefit Endorsement, 7052 END-IC (Form)
- International Nursing Facility Benefit Endorsement, 7052 END-INF (Form)
- Restoration Benefit Endorsement, 7052 END-RB (Form)
- 10 Year Refund of Premium on Death Benefit Endorsement, 7052 END-RP10 (Form)
- Transition Benefit Endorsement, 7052 END-TB (Form)
- Wellness Endorsement, 7052 END-WE (Form)
- Enhanced Survivorship Benefit Rider, 7052 RDR-ESURV (Form)
- Family Care Benefit Rider, 7052 RDR-FC (Form)
- Graded Refund of Premium on Death Benefit Rider, 7052 RDR-GRP (Form)
- 10 Year Premium Payment Rider, 7052 RDR-LP10 (Form)
- To Age 65 Premium Payment Rider, 7052 RDR-LP65 (Form)
- Nonforfeiture Benefit Rider, 7052 RDR-NFO (Form)
- Restoration Benefit Rider, 7052 RDR-RB (Form)
- 10 Year Refund of Premium on Death Benefit Rider, 7052 RDR-RP10 (Form)
- Shared Coverage Rider, 7052 RDR-SC (Form)

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy

- 10 Year Survivorship Benefit Rider, 7052 RDR-SURV10 (Form)
- Transition Benefit Rider, 7052 RDR-TB (Form)
- Outline of Coverage, 7052-OL (Form)
- Personal Worksheet, 42422W MOD 08/25/10 (Form)
- Standard Premium Rates, [7052 et al] (Rate)
- Statement of Variability (Supporting Document)
- Partnership Certification (Supporting Document)

**Comment:**

EFFECTIVE 1/1/10. AR RULE 57, SEC 5, SSEC 11, REQUIRES A FILING FEE OF \$50.00 PER ADVERTISEMENT AND/OR FORM. THE FILING WILL BE HELD PENDING RECEIPT OF THE BALANCE OF THE FILING FEE IN THE AMOUNT OF \$1,050.00 (22 FORMS X \$50 = \$1,100 + \$50 FOR RATE FILING = \$1,150.00).

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions, please contact me immediately.

Sincerely,

Camisha Jones, Jeanette Mai, Jim Lites, June Lipscomb, Richard Cromwell

SERFF Tracking Number: GEFA-126825424 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 47173

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: 7052 Policy

Project Name/Number: 7052 Policy/7052 Policy

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/22/2010	7052	Policy/Cont	Individual Long Term Initial ract/Fratern Care Policy al Certificate			60.100	7052.pdf
Approved 11/22/2010	7052 END-FC	Policy/Cont	Family Care Benefit Initial ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			63.600	7052 END-FC.pdf
Approved 11/22/2010	7052 END-GRP	Policy/Cont	Graded Refund of Initial ract/Fratern Premium on Death al Benefit Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			64.600	7052 END-GRP.pdf
Approved 11/22/2010	7052 END-IC	Policy/Cont	International Initial ract/Fratern Coverage Benefit al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			53.400	7052 END-IC.pdf

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		
Approved 7052 END- 11/22/2010 INF	Policy/Cont International Nursing Initial ract/Fratern Facility Benefit al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	52.400	7052 END- INF.pdf
Approved 7052 END- 11/22/2010 RB	Policy/Cont Restoration Benefit Initial ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	53.900	7052 END- RB.pdf
Approved 7052 END- 11/22/2010 RP10	Policy/Cont 10 Year Refund of Initial ract/Fratern Premium on Death al Benefit Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	67.000	7052 END- RP10.pdf
Approved 7052 END- 11/22/2010 TB	Policy/Cont Transition Benefit Initial ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	65.900	7052 END- TB.pdf
Approved 7052 END- 11/22/2010 WE	Policy/Cont Wellness Initial ract/Fratern Endorsement	45.300	7052 END- WE Wellness

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		
	al		Endorsement.
	Certificate:		pdf
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved 7052 RDR- 11/22/2010 ESURV	Policy/Cont Enhanced ract/Fratern Survivorship Benefit al Rider	Initial	69.400 7052 RDR- ESURV.pdf
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved 7052 RDR- 11/22/2010 FC	Policy/Cont Family Care Benefit ract/Fratern Rider	Initial	60.100 7052 RDR- FC.pdf
	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved 7052 RDR- 11/22/2010 GRP	Policy/Cont Graded Refund of ract/Fratern Premium on Death al Benefit Rider	Initial	65.200 7052 RDR- GRP.pdf
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved 7052 RDR- 11/22/2010 LP10	Policy/Cont 10 Year Premium ract/Fratern Payment Rider	Initial	62.100 7052 RDR- LP10.pdf
	al		
	Certificate:		



<i>SERFF Tracking Number:</i>	<i>GEFA-126825424</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47173</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved 7052 RDR- 11/22/2010 LP65	Policy/Cont To Age 65 Premium Initial ract/Fratern Payment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	61.900	7052 RDR- LP65.pdf
Approved 7052 RDR- 11/22/2010 NFO	Policy/Cont Nonforfeiture Benefit Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	64.900	7052 RDR- NFO.pdf
Approved 7052 RDR- 11/22/2010 RB	Policy/Cont Restoration Benefit Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	60.400	7052 RDR- RB.pdf
Approved 7052 RDR- 11/22/2010 RP10	Policy/Cont 10 Year Refund of Initial ract/Fratern Premium on Death al Benefit Rider Certificate: Amendmen t, Insert	67.100	7052 RDR- RP10.pdf

SERFF Tracking Number: GEFA-126825424 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47173  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 7052 Policy  
Project Name/Number: 7052 Policy/7052 Policy

Approved 7052 RDR- 11/22/2010 SC	Policy/Cont Shared Coverage ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	68.300	7052 RDR- SC.pdf
Approved 7052 RDR- 11/22/2010 SURV10	Policy/Cont 10 Year Survivorship ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	69.000	7052 RDR- SURV10.pdf
Approved 7052 RDR- 11/22/2010 TB	Policy/Cont Transition Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	63.600	7052 RDR- TB.pdf
Approved 7052-OL 11/22/2010	Outline of Coverage Coverage	Outline of Coverage Initial	54.300	7052 OL.pdf
Approved 42422W 11/22/2010 MOD 08/25/10	Other Personal Worksheet	Initial	0.000	42422W MOD_082510 _preprint.pdf

# GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)  
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433

## LONG TERM CARE INSURANCE POLICY

### DECLARATIONS

We are pleased to issue the Policy to You (the Insured named in the Schedule). Keep it in a safe place as it is a legal contract between You and Us.

**CAUTION: The issuance of the Policy is based upon Your answers to the questions on Your Application. A copy of Your Application is attached to the Policy. If Your answers are incorrect or untrue, We may have the right to deny Benefits or rescind the Policy subject to the Misstatements/Incontestability provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the address and telephone number shown above.**

**NOTICE TO BUYER: The Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all coverage limitations.**

**THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

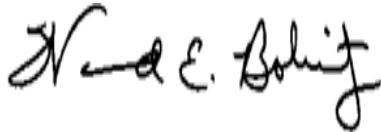
**THE POLICY IS GUARANTEED RENEWABLE.** This means that You have the right, subject to the terms of the Policy, to continue the Policy in force until Benefits have been exhausted by paying the required Premium when due. We cannot cancel or refuse to renew the Policy, except as may be provided for under the Misstatements/Incontestability provision. We can change Your Premium as provided below. We cannot change any other terms of the Policy without Your consent; unless the change is required by law.

**WE HAVE A LIMITED RIGHT TO CHANGE PREMIUM. We have the right to change Premium becoming due in the future.** We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

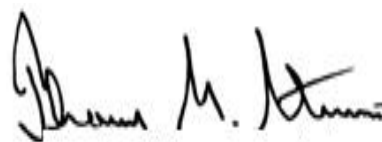
**FREE LOOK – 30 DAY RIGHT TO EXAMINE YOUR POLICY:** You have 30 days from the day You receive the Policy to examine and return it to Us. You can return it for any reason. Simply return it to the address shown above, or to the agent, producer or office through which it was bought. We will refund the full amount paid for the Policy within 30 days of such a return. The Policy will then be void from the start; and You will not be insured under the Policy.

**The Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 – Public Law 104-191).**

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

## TABLE OF CONTENTS

These are the major sections of the Policy in the order in which they appear.

Section	Contents of Section	Page
Declarations .....	This is the first page of Your Policy and includes notices and other important information.	1
Table of Contents.....	This lists the major sections in the Policy.	2
Schedule .....	This shows Benefits, services and limitations of the Policy at the time of issue. It includes Premium information.	3
Modal Premium Disclosure .....	This describes the additional charges associated with paying Premium monthly, quarterly or semi-annually, rather than paying Premium once per year.	4
General Definitions .....	This provides the definitions of words used in the Policy that have special meaning when applied to the Policy. Additional terms not defined in this section are defined in the provisions in which they are most commonly used.	5
Period of Coverage .....	This describes how Coverage takes effect and is continued until Coverage ends.	8
Premium and Renewal.....	This states: how and when to pay Premium; the importance of paying Premium on time; what happens if they are not paid on time; and how We may change Premium.	9
General Provisions.....	This tells You: the documents which make up the Policy; the importance of completing Your Application truthfully; and other rights, obligations and features.	12
Claims Provisions .....	This tells You: when to notify Us of a Claim; how to start a Claim; what to send Us; how We pay Claims; and other related rights and responsibilities.	14
Exclusions and Limitations.....	This states the conditions under which Coverage will be limited, or not available at all, even if You would otherwise qualify for Benefits.	18
Benefit Provisions .....	This describes: how You become eligible for Coverage; the conditions under which We pay for Covered Expenses incurred; and how to determine how much and how long Coverage will be payable. The Benefit Provisions may be supplemented by attached riders or endorsements.	19
Attachments	Any applicable endorsements, riders and notices. A copy of any Applications made for the Policy.	

## SCHEDULE

**Insured**

[John Q. Doe]  
[Apt #1234]  
[1234 Main Street]  
[Anytown, USA 99999]

**Policy Number**

[XXXXXXX]

**Policy Effective Date**

[10/01/2010]

**Issue State**

[Any State]

### COVERAGE FEATURES AND LIMITS

Coverage is provided for [the Covered Percentage of ]Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of the Policy. Changes in Your Schedule may be made by Rider.

**[Covered Percentage        80%**

The Covered Percentage is that portion of Covered Expenses for which Benefits may be payable under the Policy.]

**Elimination Period        [XX days of Covered Care]**

[The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.]  
OR                                [XX calendar days]

[The Elimination Period is satisfied by days You are Chronically Ill beginning with the first day You incur a Covered Expense.]

[There is no Elimination Period for the Home and Community Care Benefit. In addition, days for which payment is made under that Benefit will count towards satisfying the Elimination Period.]

[The Family Care Benefit is not subject to and cannot be used to satisfy the Elimination Period.]

**Coverage Maximum**

[\$240,000]

**Nursing Facility Maximum**

[\$4,000 per calendar month]

**Benefit Increases**

[5% Compound]

[See below]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all Benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as payments are made for Covered Expenses; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.]

[5% Compound Benefit Increases: On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will increase by 5%.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable.]

## SCHEDULE

(Continued)

<b>Benefits and Services Provided</b>	<b>We Pay [the Covered Percentage of ] Covered Expenses Up to these Limits (except where otherwise noted)</b>
Privileged Care Coordination Services .....	Not subject to coverage limits
Nursing Facility Benefit .....	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit.....	[XXX% of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit .....	60 days per calendar year
International Benefit .....	See Endorsement listed below
Home and Community Care Benefit .....	[XXX% of the] Nursing Facility Maximum per [day] [calendar month]]
Home Assistance Benefit .....	A Policy total payment maximum equal to
(Equipment, modifications & training)	[\$Y,yyy][X times the Nursing Facility Maximum]
Hospice Care Benefit .....	Included
Respite Care Benefit .....	30 days per calendar year
Alternate Care Benefit.....	Payment subject to mutual agreement
Contingent Nonforfeiture Benefit.....	Included
Waiver of Premium Benefit .....	Included
The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit].	
[This also applies when Your Spouse or Partner for Shared Coverage qualifies for Waiver of Premium under the Policy or his or her Policy.]	

The following Riders and Endorsements are attached to, and included in, the Policy.

International [Coverage] [Nursing Facility] Benefit....	Included
[Nonforfeiture Benefit .....	Included]
[Shared Coverage Benefit.....	Included [with] [without] Joint Waiver
[10 Year Survivorship Benefit .....	Included]
[Enhanced Survivorship Benefit.....	Qualification Period: [XX] years]
[10 Year Refund of Premium on Death Benefit .....	Included]
[Graded Refund of Premium on Death Benefit.....	Included]
[Restoration Benefit .....	Included]
[Family Care Benefit .....	[XX% of the] Nursing Facility Maximum per day for 30 days per calendar year]
[Transition Benefit .....	A Policy total payment maximum equal to [5 times][20% of] the Nursing Facility Maximum]
[Wellness Endorsement .....	Included]
[10 Year Premium Payment Rider .....	Included]
[To Age 65 Premium Payment Rider .....	Included]

The maximum total amount payable for all Covered Expenses incurred [on a day] [in a calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

**SCHEDULE**

(Continued)

**PREMIUM DATA**

	Annual Premium
Basic Policy Coverage .....	\$XXX.XX
[Nonforfeiture Benefit Rider .....	\$XX.XX]
[Shared Coverage Rider .....	\$XX.XX
Spouse or Partner for Shared Coverage   Mary Jane Doe]	
[10 Year Survivorship Benefit Rider.....	\$XX.XX]
Spouse or Partner for 10 Year Survivorship Benefit   Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider .....	\$XX.XX
Spouse or Partner for Enhanced Survivorship Benefit   Mary Jane Doe]	
[Graded Refund of Premium on Death Benefit Rider .....	\$XX.XX]
[10 Year Refund of Premium on Death Benefit Rider.....	\$XX.XX]
[Restoration Benefit Rider.....	\$XX.XX]
[Family Care Benefit Rider.....	\$XX.XX]
[Transition Benefit Rider .....	\$XX.XX]
Total First Year Annual Premium .....	\$XXX.XX]

**First Premium**  
[\$aaa.aa]

**Premium Payment Mode**  
[Quarterly]

**Modal Premium**  
[\$bbb.bb]

Premium for Premium Payment Modes other than annual are the following percentage of the Annual Premium:

Semi-Annual = 51%; Quarterly = 26%; Monthly = 9%

The following table shows the Modal Premium and total yearly cost for the available Premium Payment Modes for the Annual Premium that applies on the Policy Effective Date. These costs will change when there is a change in Your Premium. See the Modal Premium Disclosure for additional information.

**Total First Year Premium Payment Options** (including all optional Coverage)

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Modal Premium	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
Total Yearly Cost for				
First Year Premium	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]

Premium Payment Period: [Lifetime]

[10 Years – See attached 10 Year Premium Payment Rider]

[To Age 65 – See attached To Age 65 Premium Payment Rider]

Rating: [Standard]

[This Schedule reflects changes as of the Print Date: 02/20/2011  
Attach it to Your Policy along with prior Schedule pages.]

## MODAL PREMIUM DISCLOSURE

### Premium Payment Options

You pay for Your Policy by paying the Premium due in a timely manner. You may have the right to choose one of the following **Premium Payment Modes**:

- Annual in one payment that provides Coverage for twelve (12) Coverage Months;
- Semi-Annual in two payments that provides Coverage for six (6) Coverage Months;
- Quarterly in four payments that provides Coverage for three (3) Coverage Months; or
- Monthly in twelve payments that provides Coverage for one (1) Coverage Month.

Each individual payment is a "**Modal Premium Payment**".

If You have elected a Premium Payment Mode other than Annual, You will pay additional charges for electing that Premium Payment Mode (the "Additional Payment Charges"). As an example, the following chart compares the total Premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the year based on a policy with a \$1,000 Annual Premium.

**Hypothetical Example:  
Yearly Cost Comparison of  
Additional Payment Charges for Alternate Modal Premium Payments**

<b>Premium Payment Mode*</b>	<b>Number of Premium Payments per Year</b>	<b>Amount of Each Modal Premium Payment During the Year (Including Additional Payment Charges)</b>	<b>Total of Modal Premium Payments During the Year (Including Additional Payment Charges)</b>	<b>Total Additional Payment Charge During the Year (In Dollars)</b>
Annual	1	\$1,000	\$1,000	\$0
Semi-Annual	2	\$510	\$1,020	\$20
Quarterly	4	\$260	\$1,040	\$40
Monthly	12	\$90	\$1,080	\$80

\*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g. electronic funds transfer (EFT)).

**Notice:** Each Modal Premium Payment is a payment, in advance, for insurance Coverage. Coverage continues until the next Premium Due Date.

### Calculation Of Modal Premium

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal Premium factor:

- Annual - 1.00;
- Semiannual - .51;
- Quarterly - .26;
- Monthly - .09.

As the above chart illustrates, if Your Premium Payment Mode is other than Annual, Your total Premium paid in a year will be more than if You made a single payment using the Annual Premium Payment Mode.



## GENERAL DEFINITIONS

This section provides the definitions of words used in the Policy that have a special meaning when applied to the Policy. Additional definitions may also appear in the Policy where they can assist You in understanding related text. For example, most Benefits provided for under the Policy have definitions for covered care, services and/or providers. To help You recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

**Application** means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by You when You apply for Coverage.

**Benefit** means each of the benefits identified in the Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of the Policy.

**Claim** means a request by You for payment of Benefits under the Policy.

**Confinement** or **Confined** means You are present as a resident inpatient in a facility, other than Your Home, during a period in which You incur Covered Expenses.

**Coverage** means the Benefits available under the Policy.

**Coverage Maximum** means the maximum amount of Benefits under the Policy as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

**Coverage Month** means the monthly period that begins and ends on the same day of the month as the Policy Effective Date.

**Covered Care** means those Qualified Long Term Care Services for which the Policy pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

**Covered Expenses** means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

**Elimination Period** means the length of time, as determined in the Schedule, before You are entitled to Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which You receive Covered Care. Each Benefit states the extent to which Coverage is subject to the Elimination Period.

Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Covered Care You receive and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication or Coordination With Other Coverage provisions may be used to satisfy this requirement.

**Home** means the place where You live or stay. This could be a: house; condominium; apartment; unit in a congregate care community; or similar residential environment. Your Home does NOT include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

**Immediate Family** means Your Spouse or Partner or anyone who is related to You or Your Spouse or Partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

**Licensed Health Care Practitioner** means any of the following:

- a Physician (as defined in Sec. 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

**Medicaid** means any State medical assistance program under Title XIX of the Social Security Act, as amended.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

**Nurse** means someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is practicing within the scope of that license.

**Nursing Facility Maximum** means the maximum amount We will pay when You are Confined in a Nursing Facility, as stated in the Schedule. This may be a daily maximum or a monthly maximum, as stated in the Schedule. This amount is also used to determine other Benefit maximums.

**Partner** means someone with whom You live in a committed relationship. He or she can be unrelated to You, or a relative in Your same family generation (such as Your brother, sister or first cousin). You and Your Partner cannot be joined to anyone else by: (a) marriage; or (b) a relationship legally recognized under state law.

**Physician** has the same meaning as that set forth in Sec. 1861(r)(1) of the Social Security Act; and means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.

**Policy** means the policy as issued to You, including Your Application and any Riders, Endorsements, amendments, or attachments.

**Policy Effective Date** means the date the Policy begins. It is shown in the Schedule.

**Policy Issue State** means the Issue State identified in the Schedule.

**Premium** means the premium identified in the Schedule under Premium Data. Premium may change in accordance with the terms of the Policy.

**Premium Due Date** means the end of the period for which a Modal Premium Payment provides Coverage and the date on which Premium is due to be paid to Us.

**Qualified Long Term Care Services** means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- are required by a Chronically Ill Individual; and
- are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

**Note:** To be eligible for Coverage it is not sufficient for the care and services to only be Qualified Long Term Care Services. Such care and services must also meet the definition of Covered Care.

**Representative** means a person or entity legally empowered to represent You.

**Schedule** means the section of the Policy that states the Policy features and limits as of the original Policy Effective Date. Changes in Your Schedule may be made by rider.

**Spouse** means the person to whom You are joined by: (a) marriage; or (b) a relationship legally recognized under state law as entitled to the same rights and benefits of married persons.

**State**, unless otherwise indicated, refers to the District of Columbia, any territory or possession of the United States, or any one of the 50 states (or commonwealths) within the United States,

**Unearned Premium** equals  $A \text{ multiplied by } [B \text{ divided by } C] (A \times [B/C])$ , where:

A = The total Premium paid during the Coverage Period.

B = The number of days remaining in the Coverage Period after Coverage has ended.

C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. Once the Policy has become paid-up, there is no Unearned Premium.

As used above, **Coverage Period** is the period that begins on the most recent Premium Due Date and ends on the next Premium Due Date.

**United States** includes all fifty (50) States, the District of Columbia and any territory or possession recognized by the United States as a territory or possession of the United States.

**We, Us, Our** and the **Company** mean Genworth Life Insurance Company.

**You, Your** or **Yourself** means the person named as the Insured in the Schedule.

## **PERIOD OF COVERAGE**

### **Policy Taking Effect And Consideration**

The Policy is issued in consideration of Your Application and payment of Premium. The Policy will become effective on the Policy Effective Date shown in Your Schedule, subject to the timely payment of the First Premium. The Policy may be continued in force by the timely payment of Premium until it ends in accordance with the terms and conditions of the Policy.

### **Your Right To Cancel The Policy At Any Time**

You may cancel the Policy at any time by sending written notice to Us at Our Administrative Office. The effective date of Your cancellation will be the later of:

- the cancellation date requested by You; or
- the date We receive Your written request.

This cancellation will not affect any Claim for Covered Expenses incurred before the effective date of the cancellation.

### **When The Policy Ends**

The Policy ends (terminates) on the first to occur of:

- the date of Your death;
- the date the Policy is cancelled by You, as stated above;
- the date the Coverage Maximum is exhausted;
- the date on which Premium is due, when the Premium is not received by Us by the end of the Grace Period; or
- the Policy Effective Date if the Policy is rescinded in accordance with the Misstatement/Incontestability provision of the Policy.

Except as provided in the Extension of Benefits provision below, the Policy will not pay for Covered Expenses incurred after the Policy ends.

If the Policy ends, We will promptly refund any Unearned Premium, if applicable, to You (or in the event of Your death, Your beneficiary or estate).

### **Extension Of Benefits**

If the Policy ends due to failure to pay Premium while You are Confined in a Nursing Facility, an Assisted Living Facility, or a Hospice Care Facility, We will pay Benefits for Covered Expenses in the same manner as if the Policy had not ended. This Extension of Benefits stops and all extended Coverage ends on the earliest of:

- the date when You no longer meet the requirements of the Conditions For Receiving Benefits provision (see the first page of the Benefit Provisions);
- the date You are no longer Confined in a Nursing Facility, an Assisted Living Facility or a Hospice Care Facility; or
- the date the Coverage Maximum is exhausted.

## PREMIUM AND RENEWAL

### Paying Premium

Each Premium paid continues the Policy in force until the next Premium Due Date, except as stated in the Grace Period provision. Premium is subject to change as described in the Premium Rate Changes provision and on the first page of the Policy. Premium is payable to Us. The First Premium is due on the Policy Effective Date. Each subsequent Premium is due on the next Premium Due Date. Your Schedule shows the initial Premium Payment Mode that applies to the Policy. Premium Payment Modes available under the Policy are determined by mutual agreement between You and Us.

### Notifying Us Of Changes

You are responsible for notifying Us if Your method of Premium payment changes. You must notify Us within 30 days of the effective date of the change. If payments are being made through electronic funds transfer or other automatic payment methods, and the payment cannot be accomplished for any reason, We will bill You directly.

### Premium Rate Changes

As stated on the first page of the Policy, **We have the right to change Premium becoming due in the future.** We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same state as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

### Your Options If Premium Rates Increase

If Your Premium increases as a result of Our right to change Premium, You will have the option of:

- maintaining Your current Coverage at an increased Premium;
- electing a decrease in Coverage to an available Coverage amount; or
- canceling or lapsing the Policy (subject to any rights You may have under a Contingent Nonforfeiture Benefit).

### Refund Of Unearned Premium

**Refunds Due to Your Death:** In the event of Your death, the refund will be made within 30 days of Our receipt of written notice and proof of Your death. It will be paid to Your beneficiary or estate.

**All Other Refunds:** Except as provided in the When the Policy Ends provision, all other Unearned Premium will be applied as a reduction in future Premium due.

### Grace Period

The Grace Period is the period of time specified below during which any unpaid Premium payment, after the First Premium, must be paid in order to keep this Policy from ending. This Policy will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in termination of this Policy as of the Premium Due Date.

If on the Premium Due Date, the Premium payment has not been received by Us, the Grace Period will begin. After a period ending 31 days following the Premium Due Date, We will send a written notice of termination for non-payment of Premium to You and to any person You have designated to be notified in case of lapse, at the address(es) You have provided. This notice will explain that a Premium payment has been missed; and will show the Premium amount that You must pay no later than the end of the Grace Period so that this Policy does not end. This notice will provide an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

**Protection Against Unintentional Lapse**

You have the right to designate at least one person, in addition to Yourself, who is to receive notice of termination for non-payment of Premium. You may change this designation at any time. To do so, You must send written notice to Us at Our Administrative Office. Every two (2) years, We will remind You in writing of this opportunity.

**Reinstatement**

If the Policy ends for non-payment of Premium, You may apply to reinstate the Policy. To apply for reinstatement You must submit an Application and pay all past due Premium. The completed Application must be received by Us at Our Administrative Office within one year after the end of the Grace Period; the Policy may only be reinstated as provided below.

The Policy will be reinstated upon either:

- Our written approval of the Application; or
- the 45th day after the date We receive Your Application and all past due Premium, if We have not given You prior written notice of Our disapproval of the Application.

If the Policy is reinstated in accordance with this Reinstatement provision, We will only pay Benefits relating to Covered Expenses incurred after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the Policy upon reinstatement.

**Continuation For Lapse Due To Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment**

We will provide a retroactive continuation of coverage, if:

- the Policy ends due to non-payment of Premium (lapse); and
- within seven (7) months after the Policy ends We are given proof that You were Chronically Ill and met the Eligibility For The Payment of Benefits requirements of the Policy, beginning on or before the end of the Grace Period.

We must receive written notice from You that the Policy should be continued under this Continuation For Lapse Due to Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment provision. Upon receipt of written notice from You, You will be required to provide Us with:

- proof that You met the Eligibility For The Payment of Benefits requirements of the Policy; and
- all past-due Premium;

within that seven-month period. The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically Ill. In addition, We require a Current Eligibility Certification. Any Covered Expenses incurred during this continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

**Unpaid Premium**

When Benefits for Covered Expenses are payable under the Policy, any Premium due and unpaid will be deducted from the amount We pay.

**Right To Reduce Coverage And Lower Premium**

You have the right to reduce Your future Premium at any time by requesting:

- deletion of an option or feature for which an additional Premium is charged; or
- a decrease in Your Coverage to available Coverage amounts.

To reduce Your future Premium in this manner, You must give Us a signed written request in a form acceptable to Us. You will not be required to provide proof of insurability.

Reducing Your Nursing Facility Maximum may result in a proportional decrease in: (a) the Coverage Maximum; (b) other payment limits that are based on the Nursing Facility Maximum; and (c) future Premium.

Reducing Your Coverage Maximum alone will not change Your Nursing Facility Maximum and related payment limits; but will reduce the period during which the full Nursing Facility Maximum can be paid for Covered Expenses.

Where Benefit Increases apply, as stated in the Schedule, You have the right to Change or terminate Your Benefit Increases as follows:

- You may reduce Your Coverage to an available Benefit Increase that results in a reduced or less frequent annual increase in Your Nursing Facility Maximum; or
- You may reduce Premium by terminating Your Benefit Increases. If You choose to terminate Benefit Increases, the amounts below will reduce to the levels they would be had there never been any Benefit Increases:
  - the Nursing Facility Maximum;
  - the Coverage Maximum; and
  - other payment limits that are based on the Nursing Facility Maximum.

The Premium reduction associated with any reduction in Coverage will be based on the Premium applicable to the Coverage being reduced. You will not be entitled to a refund for any Premium paid prior to the effective date of the reduction in Coverage, as outlined below. Any change in Coverage or Premium under this Right to Reduce Coverage and Lower Premium provision will become effective on the Premium Due Date following Our receipt of Your written request.

We will send You written notice of:

- the reduction in Coverage;
- the effective date of the reduction; and
- the amount of Premium due as of the Premium Due Date following Our receipt of Your written request.

Once Coverage is reduced, it may not be increased without Our written approval of Your Application.

## **GENERAL PROVISIONS**

### **Entire Contract; Changes**

The entire contract between You and Us is as stated in the Policy. No change in the Policy will be effective until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, the Policy. No agent has the authority to change the Policy or waive any of its provisions.

Payment of Premium following a change to the Policy requested by You or as a result of Premium Rate changes shall constitute acceptance by You of any such change.

### **Misstatements/ Incontestability**

In issuing the Policy, We have relied upon the information presented by You in Your Application. Any incorrect or omitted material information in Your Application for the Policy, or an increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied.

**Time Limit on Certain Defenses:** For any portion of Your Coverage that has been in effect for less than six (6) months, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that is material to Our acceptance of the Application. Failure to disclose material information is considered a misrepresentation.

For any portion of Your Coverage that has been in force for at least six (6) months but less than two (2) years, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that is both material to the acceptance of the Application and pertains to the conditions for which Benefits are sought.

Any portion of Your Coverage that has been in force for two (2) years will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

Any Benefits We pay will not be recovered by Us in the event the Policy or a portion of Your Coverage is rescinded.

### **Misstatement Of Age**

If Your age was misstated in Your Application, We will pay the Benefits that the Premium paid would have purchased at Your true age. If based on Your true age, the Policy would not have become effective, We will rescind the Policy and refund all Premium paid for the Policy.

### **Time Periods**

All time periods start and end at 12:01 a.m. at Your residence address.

### **Non-Participating; Dividends Not Payable**

The Policy does not participate in Our profits or surplus earnings, has no cash value, and will not earn dividends at any time.



**Conformity With Internal Revenue Code**

If on its effective date, the Policy does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, it will be treated as if it had been changed to comply with those requirements. We will inform You in writing of any required change in the provisions of the Policy.

**Governing Jurisdiction**

The Policy is governed by the laws of the Policy Issue State.

**Currency**

All payments by, or to Us, will be in the lawful money of the United States of America. Any foreign exchange rate will be as determined by Us based on:

- the date on which the Claim for payment for Covered Expenses is received by Us; and
- the exchange rate for that date, as reported by a licensed bank or other financial institution designated by Us.

**No Cash Values, Borrowing, Or Use As Collateral**

The Policy does not provide for a cash surrender value, or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

**Communications Through Electronic Means Or Other Technologies**

We reserve the right to designate the form and means of all communications, notices or proofs required by the Policy. If We agree, You may contact Us about the Policy using electronic means or other technologies. If You agree, We may contact You regarding the Policy using electronic means or other technologies. Except where prohibited by state or federal law, electronic communications have the same legal effect, validity and enforceability as other forms of communication.

## CLAIMS PROVISIONS

### Notifying Us About A Claim And Initiating The Claim Process

In order to initiate Your Claim with Us, You or Your Representative must contact Us at Our Administrative Office by phone or in writing and provide Us with the following:

- Your name;
- Your Policy Number (as shown in the Schedule); and
- an address to which Our Claim forms should be sent.

Once You contact Us to initiate Your Claim, We will send to You the Claim forms You will need to file with Us in order for Us to determine: Your eligibility for the payment of Benefits; and whether Benefits are payable for Covered Expenses.

Except as required by law, documentation relating to Your Claim must be provided to Us in English.

You must initiate the Claim process within 30 days of the date Covered Expenses are incurred, or as soon as reasonably possible thereafter. Providing early notification to Our Claims department can help greatly with the Claims process. Early notice may also provide additional time to plan for Your Covered Care. You or Your Representative may contact Us when You first become Chronically Ill, even before You have incurred Covered Expenses.

In addition, We will make available certain information to help You or Your Immediate Family plan for long term care. Please see the Information and Referral Services provision below.

If You require assistance with Your Claim or Claim forms, You may contact Us.

### Claim Forms

Our Claim forms will include instructions explaining the information You must provide to Us and how to submit the Claim forms to Us. Review the Claim forms and instructions carefully. Answer all questions and send all required information to the address on the Claim forms. The information You submit to Us must be in the form of written documentation acceptable to Us and must:

- describe and confirm that You are Chronically Ill;
- include a Current Eligibility Certification from a Licensed Health Care Practitioner;
- describe and confirm the Covered Care You are receiving;
- include copies of Your Plan of Care
- include copies of itemized bills, paid invoices and, if necessary, cancelled checks or other verifiable proof of payment for Covered Expenses ("**Proofs of Loss**");
- include copies of documents and explanations of benefits related to any Medicare coverage, coverage under any other federal, state, or other government health care program or law, except Medicaid, or any Other Long Term Care coverage, applicable to Your Claim; and
- provide Us with written authorization to evaluate Your Claim.

A final determination regarding Your eligibility for payment of Benefits and whether Benefits are payable for Covered Expenses can not be made until We receive the above information. You may also be required to provide Us with copies of other records and documents We reasonably require in addition to the information above before a final determination can be made.

If You or Your Representative do not receive the Claim forms from Us within 15 days after You initiate a Claim, We can begin reviewing Your Claim without the Claim forms. To review a Claim in this manner, You must provide Us with a letter that includes the information outlined above. The letter must be sent to Us at Our Administrative Office.

If You incur Covered Expenses subsequent to Your submission of Your Claim form, You are required to provide Us with Proofs of Loss with respect to those Covered Expenses no later than 90 days after the end of the Coverage Month in which the Covered Expenses were incurred. If it is not reasonably possible to provide Us with Proofs of Loss within the 90 days, You must provide Proofs of Loss as soon as reasonably possible after the 90 days.

We will not deny Your Claim for failure to provide Us with timely Proofs of Loss if We are provided with Proofs of Loss no later than one (1) year from the date Your Covered Expense is incurred. Unless We are provided with proof, in a form satisfactory to Us, that You were incapacitated or incapable of providing Us with Proof of Loss within the one (1) year period, or unless prohibited by law, Your Claim will be denied for failure to provide Us with Proofs of Loss within the one (1) year period.

### **How We Determine Your Initial And Ongoing Eligibility For The Payment Of Benefits**

In order for Us to determine Your initial eligibility for the payment of Benefits, We:

- must be in receipt of completed Claim forms and Proofs of Loss; and
- will obtain information about You from Your personal Physician and You directly.

In addition, at Our expense, We may:

- consult with any Licensed Health Care Practitioners, agencies and other care providers You have used or are currently using; and
- require You to participate in a medical or physical examination or assessment.

In order for Us to determine Your ongoing eligibility for the payment of Benefits, at periodic intervals, We may:

- obtain information about You from: Your personal Physician; and You directly;
- consult with any Licensed Health Care Practitioners, agencies and other care providers You have used or are currently using; or
- at Our expense, require You to participate in a medical or physical examination or assessment.

In addition, You will be required to assist Us in periodically updating Your Plan of Care and providing Us with Current Eligibility Certifications. You will also be required to provide Us with a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans or programs subject to the Non-Duplication, coordination or other provisions of the Exclusions and Limitations section) to help Us determine which Covered Expenses (if any) are excluded from Coverage under the Policy.

We may use third party services to assist Us in gathering information related to Our determination of both Your initial and ongoing eligibility for the payment of Benefits. Certain third party providers may be Our affiliates. If We use Our affiliates, We will notify You prior to use. You will have the right to request third party providers who are not affiliated with Us.

In certain instances, to assist Us in determining initial or ongoing eligibility for the payment of Benefits or whether You incurred Covered Expenses, We may require that You participate in a sworn recorded interview or a formal proceeding.

We will notify You in writing of Our determination regarding Your eligibility for the payment of Benefits.

**Time Of Payment Of Benefits**

If We determine that You are eligible for the payment of Benefits, We will pay Benefits for Covered Expenses provided for in the initial Proof of Loss promptly. In the event that Benefits are payable in the future, and upon Our receipt of subsequent Proofs of Loss, We will pay Benefits for Covered Expenses You incur at the end of each monthly period following Our first Benefit payment date.

**To Whom Benefits Are Paid**

While You are living, all Benefit payments for Covered Expenses will be payable to You unless otherwise assigned in accordance with the Assignment of Benefits provision below. To the extent that Your Coverage provides for additional Benefits beyond Your death, those Benefits are payable in accordance with the beneficiary designation in effect at the time of Your death. If no beneficiary designation is in effect at the time of Your death, the Benefits will be paid to Your estate. Any other Benefits for Covered Expenses that are unpaid at Your death may be paid, at Our option, either to Your beneficiary or estate.

If, upon Your death, Benefits are payable to an estate, We may pay up to \$5,000 of those Benefits directly to someone related to You by blood or marriage who is deemed by Us to be entitled to receive the Benefit payment. We will be discharged from any liability to the extent of any such payment made in good faith.

We may pay all or a portion of any Benefits for Covered Expenses You incur to the provider of the Covered Care, unless You direct Us to do otherwise in writing by the time Proof of Loss is provided to Us. We do not require that Covered Care be provided by a specifically named facility, entity or person.

**Beneficiary Designations**

Unless You have named an irrevocable beneficiary, You have the right to name and change a beneficiary at any time by providing a written request to Us. Unless otherwise specified by You, the designation of a new beneficiary will take effect on the date You signed the written request to make the change. Your request to designate a new beneficiary does not affect any payment made, or other action taken, by Us prior to Our receipt of Your written request to make the change. Consent of any beneficiary will not be required for surrender or assignment of the Policy, change of beneficiary, or any other change. The terms of an irrevocable beneficiary designation cannot be changed or revoked without the consent of that beneficiary.

**Direct Payment Of Benefits To Providers (Assignment Of Benefits)**

You may instruct Us, in writing, to pay Benefits You are due under the Policy directly to a Nursing Facility, Assisted Living Facility, Hospice Care Facility, or home health agency providing the care to You for which We are paying Benefits for Covered Expenses. The care provider must also agree to the Assignment of Benefits in writing. You must notify Us in writing of any change or termination of any such Assignment of Benefits. We do not assume any responsibility for the validity or effect of an Assignment of Benefits. Our payment of Benefits pursuant to an Assignment of Benefits will fully satisfy any obligations We may have for payment of Benefits under the Policy.

**Right To Recover An Excess Payment**

If, at any time, We make a payment in excess of Benefits payable under the Policy ("**Excess Payment**"), We have the right to recover such Excess Payment from any person to whom, or for whom, or with respect to whom, such Excess Payment was made. In the event that such Excess Payment is not returned to Us within 60 days of Our request to return the Excess Payment, We may deduct the Excess Payment from Your future Benefit payments, if applicable and where permitted by law.

Except in the event that the Policy is rescinded in accordance with the Misstatements/Incontestability provision, We have the right to recover any payment for Benefits made by Us in error and any payment for Benefits made as a result of fraud by any party, including, but not limited to, You or Your care providers.

### **Appealing A Claim Decision**

We will inform You, in writing, if a Claim, or any part of a Claim, is denied and the reason for the denial.

Within 60 days of Your receipt of Our written explanation to deny Your Claim, You may make a written request for additional information regarding the denial. Within 60 days of the date of Our receipt of Your written request We will:

- provide You with a written explanation of the reasons for the denial; and
- make available to You the information We used to determine the denial.

Within 120 days of Your receipt of Our written explanation above, if You believe that Our determination to deny Your Claim is in error, You may **"Appeal"** Our determination to deny Your Claim as follows:

- You must send Us a written Appeal (no special form needed) that tells Us why We should change Our decision to deny Your Claim. You may authorize someone else to act for You in this Appeal process.
- The written Appeal should include the names, addresses and phone numbers of any care providers You think We should contact to learn more about Your Eligibility for the Payment of Benefits and the Covered Care You received. This would include any Physician, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

Following Your Appeal, You will be sent written notice and explanation of Our final determination within 30 days of Our receipt of all necessary information upon which a final determination can be made. In the event We change Our determination to deny Your Claim, We will promptly pay any Benefits due to You.

### **Legal Actions**

You may not bring any legal action against Us seeking Benefit payments under the Policy until 60 days after Proof of Loss has been received by Us. You may not bring any legal action against Us seeking Benefit payments under the Policy more three (3) years from the date Proof of Loss has been received by Us.

### **Information And Referral Services**

You and Your Immediate Family may contact Us to request information or referral services related to long term care resources or the development of a long term care plan. We will provide certain information or services to You or Your Immediate Family, at no cost, to assist You or Your Immediate Family with assessing individual long term care needs or identifying local long term care service providers. Additional information or services may also be made available to You or Your Immediate Family that You or Your Immediate Family may choose to purchase at an additional cost.

The information or services made available to You or Your Immediate Family under this provision may be provided by independent, non-affiliated entities. These entities are solely responsible to You for the provision of any information or services offered, or accessed, by You or Your Immediate Family and We make no warranties or promises regarding any providers, services or information offered, or accessed, by You or Your Immediate Family.

If You choose to purchase additional information or services outside of the information or services offered by Us, any cost incurred by You is Your responsibility. No Policy Benefits are payable for any costs You may incur as a result of Your purchase of any additional information or services.

## EXCLUSIONS AND LIMITATIONS

This section states the conditions under which Benefit payments will be limited, or not available at all, even if You otherwise qualify for Benefits.

### Exclusions

We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the fifty (50) United States, the District of Columbia, and any territory or possession of the United States of America; unless specifically provided for by a Benefit;
- provided by Your Immediate Family, unless a Benefit specifically states that a member of Your Immediate Family can provide Covered Care. We will not consider care to have been provided by a member of Your Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services; and
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to You or Your estate;
- resulting from illness, treatment or medical condition arising out of:
  - war or any act of war, whether declared or not;
  - attempted suicide or an intentionally self-inflicted injury;
- for Your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

### Non-Duplication

Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of an Elimination Period or coinsurance amount); and
- any other Federal, state or other government health or long term care program, [(including the **Community Living Assistance Services and Supports Act - CLASS Act** )], or law, except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

### Coordination With Other Coverage

We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

We consider **Other Long Term Care coverage** to be coverage, whether group or individual, that provides nursing facility, assisted living facility, hospice, or home health care benefits. This applies whether those benefits are payable on an expense reimbursement, indemnity, cash payment or other basis. This also applies to benefits payable in conjunction with life insurance and annuities, but only to the extent that the benefits are payments of Qualified Long Term Care Services and exceed the amount of accelerated life insurance or annuity benefit payments.

When Coverage is reduced, the amount We will pay will be the lesser of:

- the amount We would have paid in the absence of this provision; or
- the difference between the actual expense incurred for the Covered Care and the total amount payable for that Covered Care under:
  - all Other Long Term Care Coverage that was effective before this Coverage; plus
  - all Other Long Term Care Coverage that does not coordinate its payment with this Coverage.

## BENEFIT PROVISIONS

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

#### Eligibility For The Payment Of Benefits

For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically III;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to Your continually being Chronically III. The proof can be based on information from care providers, personal Physicians, other Licensed Health Care Practitioners and other sources.

#### Conditions For Receiving Benefits

Benefits will be paid as reimbursement for expenses paid on Your behalf that meet all of the following conditions:

- You must meet the above Eligibility For The Payment of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Except as stated in the Extension of Benefits provision, the Policy must not have ended on or before the date(s) the Covered Care is received.
- We will pay for Covered Expenses incurred after any applicable Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the Coverage provided for the Benefits being Claimed.
- You must meet the requirements for payment in accordance with all the provisions of Your Policy.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

#### Definitions

**Activities Of Daily Living (ADLs)** mean the following self-care functions:

- **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.

**Chronically III** and **Chronically III Individual** refer to a person who has been certified by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A **Current Eligibility Certification** is a written certification by a Licensed Health Care Practitioner who is not a member of Your Immediate Family that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

**Substantial Assistance** is either:

- **Hands-on Assistance** which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- **Standby Assistance** which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

**Severe Cognitive Impairment** is a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long-term memory; orientation as to people, places, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

**Substantial Supervision** is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A **Plan of Care** is a written, individualized plan for care and support services for You that:

- has been developed as a result of an assessment and incorporates any information provided by Your personal Physician; and
- has been prescribed by a Licensed Health Care Practitioner who is not a member of Your Immediate Family; and
- fairly, accurately and appropriately addresses Your long term care and support service needs; and
- specifies: the type, frequency and duration of all services required to meet those needs; and the kinds of providers appropriate to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner and Your Physician. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.



## **PRIVILEGED CARE® COORDINATION SERVICES**

### **Privileged Care Coordination Services**

These services are available when You qualify as being Chronically Ill and require Covered Care.

These services are intended to help You identify Your care needs and community resources available to deliver care when You are Chronically Ill. These Privileged Care Coordination Services are furnished by a Privileged Care Coordination Team provided by Us at no cost to You. We will pay for these services when You receive them while the Policy is in effect. These payments will be at Our expense; and will NOT count against any payment limits.

To receive these services You or Your Representative should contact Us at Our Administrative Office.

### **About The Privileged Care Coordination Services**

These services will provide You with access to a team of qualified individuals who will review Your specific situation and provide the following services:

- Conduct assessments of Your functional and cognitive capabilities and personal needs for care and services on an ongoing basis.
- Work with You to identify the specific care, services and providers required to meet Your needs.
- Develop and suggest initial and subsequent Plans of Care to assist You in meeting Your needs.
- Provide the initial and ongoing Current Eligibility Certifications.
- Assist You in completion of initial Claims forms, upon Your request.
- Monitor Your care needs on an ongoing basis to help You receive appropriate care while You are Chronically Ill.

The **Privileged Care Coordination Team** includes a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill Individual.

### **Privileged Care Coordination Services Are Voluntary**

You are not required to use these Privileged Care Coordination Services. You may, at Your own expense, use a Licensed Health Care Practitioner who is not from a Privileged Care Coordination Team to provide a Plan of Care, Current Eligibility Certification, or assist in coordinating services.

### **Benefits Paid Will Not Reduce Any Payment Limits**

Expenses paid for Privileged Care Coordination Services will not reduce the amount available under Your Coverage.

### **Payment Limitations**

Payment for these services is NOT subject to: any Elimination Period requirement; the Coverage Maximum; or any other Coverage limits. It cannot be used to satisfy any Elimination Period requirement; and does not qualify You for any Waiver of Premium Benefit.

## NURSING FACILITY BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in a Nursing Facility, as described below.

### Covered Expenses

Covered Expenses for Nursing Facility care means expenses You incur for care and support services, meals and room charges provided by the Nursing Facility. They include expenses for: private duty Nursing Care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Definitions

**Nursing Care** means care, furnished on a Physician's orders, which requires the specialized skills of a Nurse and is performed by or under the continual, direct and immediate supervision of a Nurse to meet a person's need to: (a) improve or maintain health; and (b) receive Substantial Supervision when needed due to Severe Cognitive Impairment, or Substantial Assistance with Activities of Daily Living.

A **Nursing Facility** is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) Nursing Care to all of its confined inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. The facility must have at least one full-time (at least 30 hours per week) Nurse. A Nurse must be on duty or on call in the facility at all times. The facility must maintain a daily record of all care and services provided to its confined inpatients.

Excluded Places: A Nursing Facility is NOT any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) an Assisted Living Facility; or (e) Your Home.

If a facility has multiple licenses or purposes, and has a separate ward, wing or unit in which You are Confined, We will consider You to be in a Nursing Facility only if that ward, wing or unit satisfies the above definition of a Nursing Facility.

### Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

## ASSISTED LIVING FACILITY BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

### Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services, meals, and room charges provided by the Assisted Living Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

### Definitions

**Assisted Living Care** means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; and Substantial Supervision provided to persons who have Severe Cognitive Impairment.

**Assisted Living Facility** means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its confined inpatients in accordance with the authority granted by a license or certification issued by the federal government or the State in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy all of the following:

- it maintains records for all care and services provided to each confined inpatient;
- it has an awake employee on duty in the facility who is trained and ready to provide its confined inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- it has an awake employee who is aware of the whereabouts of its Confined inpatients;
- it provides three (3) meals a day and accommodates special dietary needs;
- it has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- it has the appropriate methods and procedures to provide necessary assistance to confined inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) a Nursing Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are Confined, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

### Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

## **BED RESERVATION BENEFIT**

### **The Benefit**

Under this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a:

- Nursing Facility;
- Assisted Living Facility; or
- Hospice Care Facility.

### **Covered Expenses**

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

### **Payment Limitations**

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have otherwise paid if You had remained in the Nursing Facility, Assisted Living Facility, or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

## HOME AND COMMUNITY CARE BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home and Community Care, as described below.

### Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for: Adult Day Care; Nurse and Therapist Services; Home Health or Personal Care Services; and Homemaker and Chore Care.

### Definitions

**Adult Day Care** means a program for six (6) or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

**Nurse and Therapist Services** means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory, or speech therapist.

**Home Health or Personal Care Services** means assistance You receive in Your Home from a Formal or Informal Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

**Homemaker and Chore Care** means the following tasks a Formal or Informal Provider furnishes in Your Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. This does not mean any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

A **Formal or Informal Provider** means a person who provides care in Your Home which:

- is consistent with the needs addressed in Your Plan of Care;
- is necessary to enable You to continue to remain safely at Home; and
- is necessary because You are Chronically Ill.

The provider may be independent; and does not need to be associated with an agency or provider organization.

### Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

## HOME ASSISTANCE BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home Assistance services and items, as described below.

### Covered Expenses

Covered Expenses for Home Assistance means expenses You incur (including tax, delivery, installation and labor costs) for the following services and items:

- Home Modifications, Assistive Devices and Supportive Equipment;
- Emergency Medical Response Systems; and
- Caregiver Training.

These services and items must be:

- Intended to enable You to remain safely in Your Home; and
- Stated in, and furnished in accordance with, Your Plan of Care.

### Definitions

**Home Modifications, Assistive Devices and Supportive Equipment** means items that are intended to relieve Your need for direct physical assistance; and (as stated in Your Plan of Care) are expected to enable You to remain safely in Your Home for at least 90 days after the date of purchase or first rental of the item. This may include:

- ramps to permit Your movement from one level of Your Home to another;
- grab bars to assist You in toileting, bathing or showering;
- hospital beds, wheelchairs or crutches for You alone;
- adaptive equipment to enable independent feeding and dressing (specialized utensils and fasteners); and
- pumps and other devices for intravenous injection.

This does NOT include expenses for:

- home repair or remodeling;
- the purchase, rental, installation or servicing of an elevator, escalator, garage door opener, swimming pool, hot tub, Jacuzzi or whirlpool type tub, or other similar items or services;
- items that will, other than incidentally, increase the value of Your Home; and
- artificial limbs, teeth, corrective lenses, hearing aids, or equipment placed in Your body, temporarily or permanently.

**Emergency Medical Response Systems** means the installation of, and any ongoing fees for, any type of medical alert system.

**Caregiver Training** means the training of a family member, friend, or other person to provide care for You in Your Home when that person will not be paid to provide care for You. Caregiver Training consists of training in the proper use and care of a therapeutic device or an appropriate care giving procedure. It does not include training received when You are Confined in a hospital, Nursing Facility or Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your Home, where You can be cared for by the person receiving the training.

### Payment Limitations

Payment of this Benefit is subject to: the Coverage Maximum; the payment limit shown in the Schedule for this Benefit; and all other provisions and conditions of the Policy. Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

## HOSPICE CARE BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Hospice Care, as described below.

### Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

- Hospice Care received while You are living at Home; and
- Hospice Care and related care and support services (including room charges) provided by a Hospice Care Facility.

Covered Expenses for Hospice Care do not include:

- the cost of medications, supplies, equipment or Physician visits; and
- any charges for: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

### Definitions

**Hospice Care** means services designed to provide palliative care and alleviate Your physical, emotional, spiritual and social discomforts when You are:

- Chronically Ill; and
- Terminally Ill.

**Hospice Care Facility** means a facility that provides a formal Hospice Care program directed by a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the State in which it is located, if such license or certification is required. A Hospice Care Facility may be licensed or certified as a Nursing Facility, Assisted Living Facility, or other type of health care facility. A Hospice Care Facility does not mean a hospital, clinic, a community living center, or a place that provides residential or retirement care only.

**Terminally Ill** means having six (6) months or less to live, as determined by a Physician.

### Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Maximum when Hospice Care is received in a Hospice Care Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Hospice Care received while You are living at Home; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

## RESPITE CARE BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Respite Care, as described below.

### Covered Expenses

Covered Expenses for Respite Care means expenses You incur for Respite Care that would be payable under the following if there were no Elimination Period requirement:

- the Nursing Facility Benefit;
- the Assisted Living Facility Benefit; and
- the Home and Community Care Benefit;

### Definition

**Respite Care** means temporary care You receive in order to provide short-term relief for the person who normally and primarily provides You with care in Your Home on a regular, unpaid basis.

Your Plan of Care must state:

- the name of the unpaid caregiver for whom the respite is being provided;
- the period of respite; and
- the Covered Care You will require to replace care normally provided by the unpaid caregiver.

Respite Care can be received: in Your Home; or during a temporary stay in a Nursing Facility or Assisted Living Facility.

### Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum.
- the payment limit shown in the Schedule for the Nursing Facility Benefit for Respite Care received in a Nursing Facility;
- the payment limit shown in the Schedule for the Assisted Living Facility Benefit for Respite Care received in an Assisted Living Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Respite Care received while You are living at Home;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and days of Covered Care under it cannot be used to satisfy any Elimination Period requirement.



## ALTERNATE CARE BENEFIT

### The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Alternate Care, as described below.

### Covered Expenses

Covered Expenses for Alternate Care means the expenses You incur for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit;
- are not specifically excluded from payment;
- are cost-effective alternatives to care and services available under the Policy;
- are clearly specified in Your Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement; and
- are received while the Mutual Agreement is in effect.

### Definition

The **Mutual Agreement** is a written document agreed to by You, Your personal Physician and Us which sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit;
- how any Elimination Period requirement affects payment under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have with respect to the Policy.

The Mutual Agreement may be discontinued at any time, by either You or Us, without affecting Your right to Benefits otherwise remaining under the Policy.

### Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, if any, set forth in the Mutual Agreement;
- the Coverage Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions of the Policy.

## WAIVER OF PREMIUM BENEFIT

### The Benefit

The Schedule specifies the Benefits for which this waiver applies. We will waive Your Premium payments for each Coverage Month that begins while You are receiving Covered Care for which payment will be made under any such Benefits. This waiver applies to the entire Premium for the Policy (including all applicable Riders).

This waiver stops when You are no longer incurring Covered Expense for which payment will be made under any of the Benefits to which it applies. Any Premium paid for Coverage Months during which the waiver applies will be credited toward Your future Premium. When this waiver stops You will be required to resume and continue paying Premium as they become due in accordance with the Policy's Premium Payment Mode.

If the Policy ends and You have paid Premium for Coverage Months during which the waiver applies, any Unearned Premium will be refunded as provided in the Refund of Unearned Premium provisions.

## CONTINGENT NONFORFEITURE BENEFIT

### The Benefit

This Benefit allows You to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the Premium for the Policy.

### How This Benefit Works

If We make a substantial increase in Your Premium, as determined by the following Table, We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the Premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the Premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required Premium within the Grace Period.

**Table Indicating a Substantial Premium Increase\***

Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30 – 34	190%	67	46%	80	20%
35 – 39	170%	68	44%	81	19%
40 – 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 – 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

\* Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

### Shortened Benefit Period

If You convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all Premium paid for the Policy, excluding any waived Premium; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any Benefits previously paid under the Policy.

### Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in Premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

**Please keep the Policy and attachments in a safe place with other important documents.**

## **FAMILY CARE BENEFIT ENDORSEMENT**

*This Endorsement adds the following Family Care Benefit to the Policy.*

### **The Benefit**

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred for Family Care, as described below.

### **Covered Expenses**

Covered Expenses means expenses You incur for Family Care that is:

- Intended to enable You to remain in Your Home; and
- Stated in, and furnished in accordance with, Your Plan of Care.

### **Definition**

**Family Care** means health and personal care assistance a member of Your Immediate Family provides to You, in Your Home, because You have satisfied the Eligibility for the Payment of Benefits provision.

The person providing the assistance must be someone who:

- did not reside with You in Your Home at the time You first satisfied the Eligibility for the Payment of Benefits provision; and
- is not compensated, as an employee, by any organization that is paid to provide such assistance.

The assistance may be in the form of:

- help with simple health care tasks, personal hygiene, or managing medications;
- Substantial Assistance in performing Activities of Daily Living; or
- Substantial Supervision when You have Severe Cognitive Impairment.

Your Plan of Care must specify the type, frequency and duration of Family Care required.

### **Payment Limitations**

Payment of this Benefit is subject to:

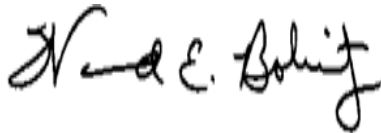
- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

### **When This Endorsement Is In Force**

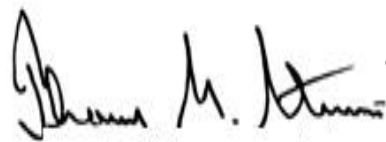
This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## GRADED REFUND OF PREMIUM ON DEATH BENEFIT ENDORSEMENT

*This Endorsement adds the following Graded Refund of Premium on Death Benefit to the Policy.*

### The Benefit

This Benefit provides a full or partial refund of Premium that We will pay in the event You die before age 75 and while Your Policy is in force.

### How Much We Will Pay

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid by You (and not waived) for Your Policy.

B = The amount of any Benefits paid or payable for Your Policy.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

<u>Age</u>	<u>Covered Percent</u>	<u>Age</u>	<u>Covered Percent</u>
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

### Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if the Policy was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

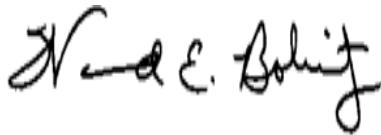
### When This Endorsement Is In Force

This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

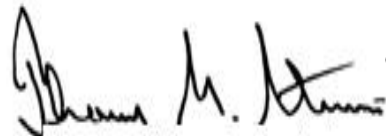
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

*This Endorsement adds the following International Coverage Benefit to the Policy.*

### The Benefit

Subject to the Conditions below, We will pay for Covered Expenses incurred outside the United States, as described below.

### Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services received outside of the United States that are provided:

- in a Home and would otherwise have been payable under the Home and Community Care Benefit; or
- to You by an Out-of-Country Nursing Facility (including room and board) under the Conditions stated below.

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- We must receive proof, satisfactory to Us, that You are eligible for Benefit payments. At Your own expense, You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
  - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Covered Care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable proof of loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly.

This Benefit will not be payable if it is prohibited by the United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization). This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under Federal law.

### Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

**Requirements:** To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who has:

- completed a post-secondary nursing care training program; and
- a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

#### **Payment Limitations**

Payment of this Benefit is subject to: the Elimination Period requirement; the Coverage Maximum; the limits determined below; and all other provisions and conditions applicable to the Policy.

This Benefit will not be payable at the same time as any other Benefit. Payment for care in an Out-of-Country Nursing Facility will not exceed 50% of the Nursing Facility Maximum.

Payment under this Benefit for Covered Care at Home will not exceed 50% of the amount payable for care in an Out-of-Country Nursing Facility and is limited to payment for 365 days on which You receive Covered Care at Home.

No payment will be made under this Benefit for expenses incurred more than 4 years after the date the first expense payable under this Benefit is incurred.

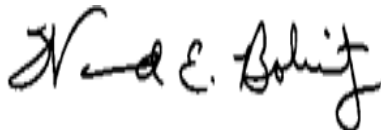
If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

#### **When This Endorsement Is In Force**

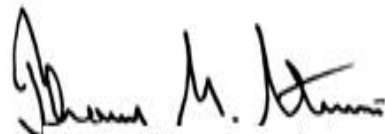
This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## INTERNATIONAL NURSING FACILITY BENEFIT ENDORSEMENT

*This Endorsement adds the following International Nursing Facility Benefit to the Policy.*

### The Benefit

Subject to the Conditions below, We will pay for Covered Expenses incurred during Your Confinement in an Out-of-Country Nursing Facility, as described below.

### Covered Expenses

Covered Expenses for International Nursing Facility care means expenses You have paid for care and support services (including room and board) provided to You by an Out-of-Country Nursing Facility (including room and board) under the Conditions stated below.

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any period for which payment is made under this Benefit.
- We must receive proof, satisfactory to Us, that You are eligible for Benefit payments. At Your own expense, You must obtain and furnish Us with complete documentation in English. Such documentation shall include, but is not limited to:
  - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable proof of loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than monthly.

This Benefit will not be payable if it is prohibited by the United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization). This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under Federal law.

### Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

**Requirements:** To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who has:

- completed a post-secondary nursing care training program; and
- a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

**Excluded Places:** An Out-of-Country Nursing Facility is NOT any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

#### **Payment Limitations**

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the limits determined below; and
- all other provisions and conditions applicable to the Policy.

Payment for care in an Out-of-Country Nursing Facility will not exceed 75% of the Nursing Facility Maximum.

This Benefit will not be payable at the same time as any other Benefit.

No payment will be made under this Benefit for expenses incurred more than 4 years after the date the first expense payable under this Benefit is incurred.

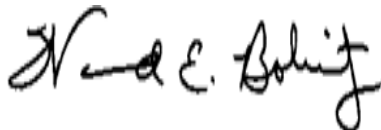
If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

#### **When This Endorsement Is In Force**

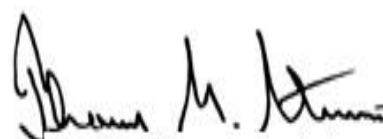
This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division



## RESTORATION BENEFIT ENDORSEMENT

*This Endorsement adds the following Restoration Benefit to the Policy.*

### The Benefit

Subject to the Payment Limitations below, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below.

### Definitions

**Fully Recover** means that for a period of at least 180 consecutive days:

- Your Policy has been continuously in force on a Premium paying basis;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments; and
- require a physical examination.

**Restoration** means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

### Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Benefit payment limit will be changed.

This Restoration will not apply when Your Policy is in force under any Nonforfeiture Benefit.

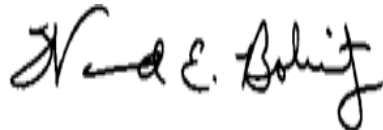
### When This Endorsement Is In Force

This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

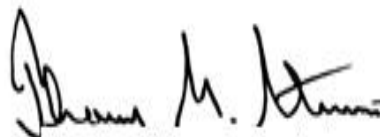
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## **10 YEAR REFUND OF PREMIUM ON DEATH BENEFIT ENDORSEMENT**

*This Endorsement adds the following 10 Year Refund of Premium on Death Benefit to the Policy.*

### **The Benefit**

This Benefit provides a refund of Premium in the event You die:

- while Your Policy is in force; and
- after Your Policy has been in force for at least 10 consecutive years.

### **How Much We Will Pay**

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid by You (and not waived) for Your Policy;  
REDUCED BY
- the amount of any Benefits paid or payable under Your Policy.

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

### **Payment Limitations**

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

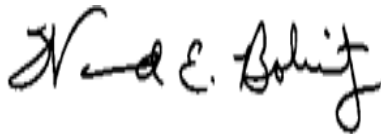
### **When This Endorsement Is In Force**

This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

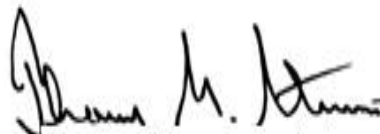
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## **TRANSITION BENEFIT ENDORSEMENT**

*This Endorsement adds the following Transition Benefit to the Policy.*

### **The Benefit**

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below.

### **Covered Expenses**

Covered Expenses for this Transition Benefit means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The amount determined from the Schedule for this Benefit will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

### **Payment Limitations**

This is a one-time Benefit. Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

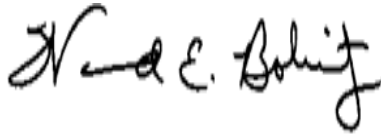
**Notice Regarding Tax Law** - Payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

### **When This Endorsement Is In Force**

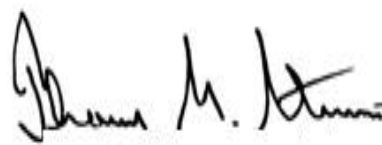
This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## WELLNESS ENDORSEMENT

*This Endorsement adds the following Wellness Provisions to the Policy.*

### **The Wellness Provisions**

We will provide You with information or access to certain offers or services to help promote health or wellness related to long term care. This may include information on long term care resources or the development of a long term care plan. Certain offers or services may be made available through independent, non-affiliated entities. Other offers or services may be made available through Our affiliated entities. These entities are solely responsible to You for the provision of any goods or services offered, or accessed, by You.

[We will make certain health or wellness programs available to You. We may offer certain incentives for Your participation in any health or wellness programs that We make available. Any incentive for participation in any such program will be limited to those described in any offers We may make. Your participation in a health or wellness program is completely voluntary, however, You may be required to participate in the health and wellness programs offered in order to receive any incentive We make available.] If You elect to purchase additional services or information outside of the services or information offered by Us, any cost incurred by You is Your responsibility. No policy Benefits are payable for any costs You may incur as a result of Your participation in any program offered by Us. [We reserve the right to modify or discontinue any incentive provided to You at any time.] We may modify any health or wellness program or any arrangements with entities providing any goods or services under any program offered.

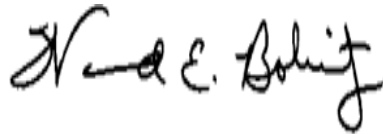
Information and access to services or incentives under these provisions may be provided only to the extent permitted under a federally tax-qualified long term care insurance contract.

### **When This Endorsement Is In Force**

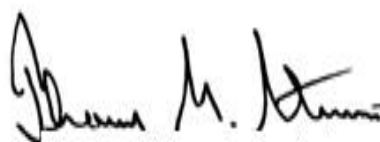
This Endorsement takes effect on the Policy Effective Date. It continues as long as Your Policy remains in force; and ends when Your Policy ends.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## ENHANCED SURVIVORSHIP BENEFIT RIDER

*This Rider adds the following Enhanced Survivorship Benefit to the Policy.*

### The Benefit

Subject to the Conditions below, if Your Spouse or Partner for this Benefit dies, Your Policy will be paid up and no further Premium payments will be required for Your Policy when all of the following Conditions have been met. Your Spouse or Partner for purposes of this Benefit is the person named as such in the Schedule of Your Policy.

### Conditions

You must meet the following conditions on the date Your Spouse or Partner for this Benefit dies:

- both You and he or she continuously had long term care insurance that:
  - was provided under an individual or group policy issued by Us;
  - had been in force, other than under any Nonforfeiture Benefit, for at least the Qualification Period shown in the Schedule for this Rider;
  - included a similar Enhanced Survivorship Benefit with a concurrent coverage requirement equal to or longer than the Qualification Period; and
- He or she had been Your Spouse or Partner for the entire period of concurrent coverage.

This Benefit will apply even if long term care Benefits were paid or payable by Us for expenses incurred by either You or Your Spouse or Partner during the Qualification Period.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Policy and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

**Note:** You must send Us a written request if You wish to terminate this Rider for any other reason.

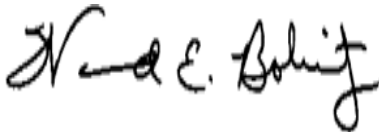
### When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

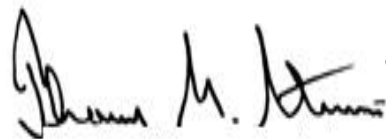
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider; or
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us .

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## **FAMILY CARE BENEFIT RIDER**

*This Rider adds the following Family Care Benefit to the Policy.*

### **The Benefit**

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred for Family Care, as described below.

### **Covered Expenses**

Covered Expenses means expenses You incur for Family Care that is:

- Intended to enable You to remain in Your Home; and
- Stated in, and furnished in accordance with, Your Plan of Care.

### **Definition**

**Family Care** means health and personal care assistance a member of Your Immediate Family provides to You, in Your Home, because You have satisfied the Eligibility for the Payment of Benefits provision.

The person providing the assistance must be someone who:

- did not reside with You in Your Home at the time You first satisfied the Eligibility for the Payment of Benefits provision; and
- is not compensated, as an employee, by any organization that is paid to provide such assistance.

The assistance may be in the form of:

- help with simple health care tasks, personal hygiene, or managing medications;
- Substantial Assistance in performing Activities of Daily Living; or
- Substantial Supervision when You have Severe Cognitive Impairment.

Your Plan of Care must specify the type, frequency and duration of Family Care required.

### **Payment Limitations**

Payment of this Benefit is subject to:

- the Elimination Period requirement, unless stated otherwise in the Schedule;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

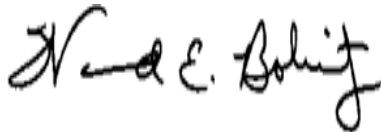
### **When This Rider Is In Force**

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

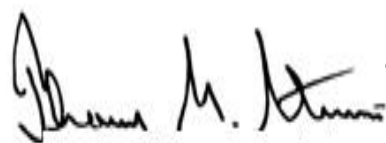
- the date Your Policy ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## GRADED REFUND OF PREMIUM ON DEATH BENEFIT RIDER

*This Rider adds the following Graded Refund of Premium on Death Benefit to the Policy.*

### The Benefit

Subject to the payment Limitations below, We will pay a full or partial refund of Premium in the event You die before age 75 and while Your Policy is in force.

### How Much We Will Pay

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid by You (and not waived) for Your Policy.

B = The amount of any Benefits paid or payable under Your Policy.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

<u>Age</u>	<u>Covered Percent</u>	<u>Age</u>	<u>Covered Percent</u>
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

### Payment Limitations

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

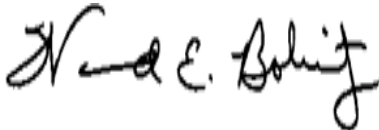
### When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

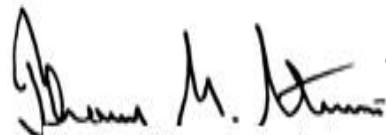
- the Premium Due Date on which You are 75 years of age;
- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## 10 YEAR PREMIUM PAYMENT RIDER

*This Rider adds the following provisions to the Policy.*

### **Paid-Up Feature – After 10 Years**

If You pay all required Premium as it becomes due, the Policy will be paid-up and no future Premium payments will be required after this Rider has been continuously in force for 10 years. We have the right to increase Premium that become due prior to the date the Policy becomes paid-up in accordance with the Premium Rate Changes provision of the Policy. If the Policy includes Benefit Increases that occur automatically without an increase in Premium, those increases will continue as scheduled, beyond the paid-up date without requiring additional Premium payments.

### **Limited Pay Contingent Nonforfeiture Benefit**

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium payment period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Policy are approximately the same as prior to the Premium rate change;
- offer to convert the Policy to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

#### **Triggers Indicating A Substantial Premium Increase**

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

**Reduced Benefits Plan:** When converted in accordance with the above, the Policy will continue with reduced Benefit payment maximums. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A = Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse.

B = The ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

**Payment Limitations:** The above future Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.



**When This Rider Is In Force**

This Rider has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. Unless added at a later date, this Rider takes effect on the Policy Effective Date. It continues as long as the required Premium has been paid on time.

This Rider will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

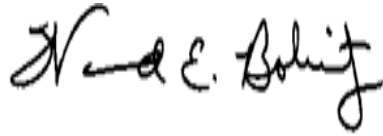
**Note:** If You change to another Premium Payment Mode, the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

**Note Regarding Tax Law**

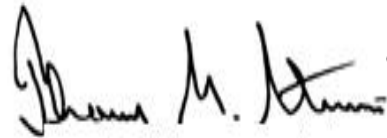
Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

**TO AGE 65 PREMIUM PAYMENT RIDER**  
*This Rider adds the following provisions to the Policy.*

**Paid-Up Feature – After Age 65**

If You pay all required Premium as it becomes due, the Policy will be paid-up and no future Premium payments will be required as of the anniversary of the Policy Effective Date on which You are 65 years of age. We do, however, have the right to increase Premium that become due prior to the date the Policy becomes paid-up in accordance with the Premium Rate Changes provision of the Policy. If the Policy includes Benefit Increases that occur automatically without an increase in Premium, those increases will continue as scheduled, beyond the paid-up date without requiring additional Premium payments.

**Limited Pay Contingent Nonforfeiture Benefit**

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium payment period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Policy are approximately the same as prior to the Premium rate change;
- offer to convert the Policy to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

**Triggers Indicating A Substantial Premium Increase**

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

**Reduced Benefits Plan:** When converted in accordance with the above, the Policy will continue with reduced Benefit payment maximums. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A = Ninety percent (90%) of the respective amounts in effect immediately prior to the lapse.

B = The ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

**Payment Limitations:** The above future Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

**When This Rider Is In Force**

This Rider has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. Unless added at a later date, this Rider takes effect on the Policy Effective Date. It continues as long as the required Premium has been paid on time.

This Rider will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

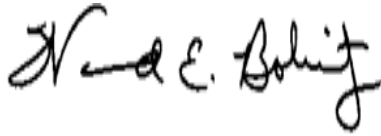
**Note:** If You change to another Premium Payment Mode, the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

**Important Note Regarding Tax Law**

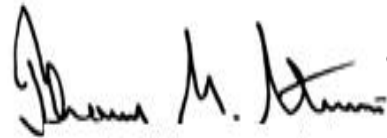
Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## **NONFORFEITURE BENEFIT RIDER**

*This Rider adds the following Nonforfeiture Benefit to the Policy.*

### **The Benefit**

Subject to the Conditions below, this Benefit provides a continuation of Your Policy if Your Policy ends because the Premium due is not received by Us by the end of the Grace Period (lapse) before the Coverage Maximum has been exhausted.

### **Nonforfeiture Allowance**

As used below, the Nonforfeiture Allowance is the greater of:

- the sum of all Premium paid for Your Policy, excluding any waived Premium; or
- the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit that is in effect at the time of lapse.

### **Conditions**

The continuation of Your Policy is subject to the following conditions:

- This Benefit must have been in force for at least 3 consecutive years when the Policy lapses (as noted above).
- Your Policy will be continued under a paid-up status (with no further Premium becoming due); subject to all of the terms and conditions of Your Policy.
- Except as stated below, Your Policy will have the same Benefits, Elimination Period requirement and other payment limits that were in effect at the time of lapse.
- Any Benefit Increases provision that was in effect will no longer apply.

### **Payment Limitations**

Coverage under this Benefit ends when the first of the following occurs:

- the total Covered Expenses paid under this Benefit equals the Nonforfeiture Allowance; or
- Your Coverage Maximum, as determined from the Schedule, is exhausted.

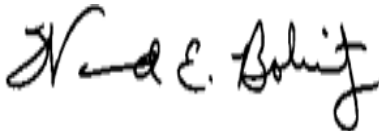
### **When This Rider Is In Force**

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

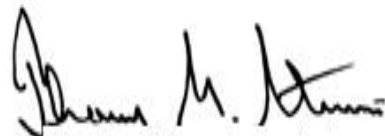
- the date Your Policy ends, subject to the provisions of this Rider; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## RESTORATION BENEFIT RIDER

*This Rider adds the following Restoration Benefit to the Policy.*

### The Benefit

Subject to the Payment Limitations below, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below.

### Definitions

**Fully Recover** means that for a period of at least 180 consecutive days:

- Your Policy has been continuously in force on a Premium paying basis;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments; and
- require a physical examination.

**Restoration** means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

### Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Coverage limit will be changed.

This Restoration will not apply when Your Policy is in force under any Nonforfeiture Benefit.

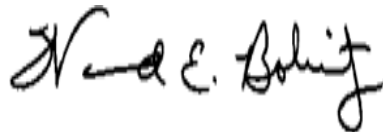
### When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

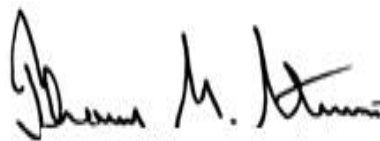
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## **10 YEAR REFUND OF PREMIUM ON DEATH BENEFIT RIDER**

*This Rider adds the following 10 Year Refund of Premium on Death Benefit to the Policy.*

### **The Benefit**

Subject to the Payment Limitations below, this Benefit provides a refund of Premium in the event You die:

- while Your Policy is in force; and
- after Your Policy has been in force for at least 10 consecutive years.

### **How Much We Will Pay**

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid by You (and not waived) for Your Policy;  
REDUCED BY
- the amount of any Benefits paid or payable under Your Policy.

This Benefit will be paid to Your designated beneficiary. If no beneficiary is named or none survives You, this Benefit will be paid to Your estate.

### **Payment Limitations**

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment for any Claim We receive after this Benefit has been paid will be reduced by the amount paid under this Benefit.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

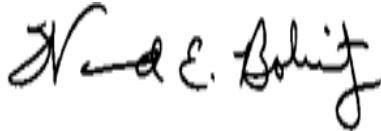
### **When This Rider Is In Force**

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

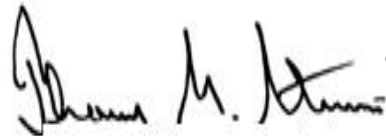
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## SHARED COVERAGE RIDER

*This Rider adds the following Shared Coverage Provisions to the Policy.*

### Shared Coverage Provisions

Subject to the Conditions below, We will automatically continue Your Spouse or Partner's Coverage using the remaining Coverage Maximum of Your Policy when his or her Coverage terminates because the Coverage Maximum of his or her Policy has been exhausted. In this event, the person named as Your Spouse or Partner will be covered under the Policy the same as You. Your Spouse or Partner for the purposes of this Rider is the person named as such in the Schedule of Your Policy.

If the Schedule in Your Policy states that this Rider is:

- "Included With Joint Waiver" - We will waive Premium payments for both You and Your Spouse or Partner while either You or Your Spouse or Partner qualifies for a Waiver of Premium Benefit. This includes waiving Premium for:
  - Both You and Your Spouse or Partner while Premium is being waived under either person's policy; and
  - Your Policy when Your Spouse or Partner qualifies for the Waiver of Premium Benefit while continuing Coverage under Your Policy.
- "Included Without Joint Waiver" – This rider will have no effect on the waiver of Premium for Your Spouse or Partner's policy. In addition, Premium for Your Policy will only be waived when You qualify for the Waiver of Premium Benefit. Your Spouse or Partner cannot qualify for the Waiver of Premium under Your Policy even if he or she becomes the sole Insured upon Your death.

### Conditions

Coverage under this Rider is subject to all of the following conditions:

- Your Policy with Us and You and Your Spouse or Partner's policy with Us must be identical. This means they must both have the same Shared Coverage Rider form with the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Coverage in the Schedule of Your Spouse or Partner's policy; and he or she must be named as the Spouse or Partner for Shared Coverage in the Schedule of Your Policy.
- Your Policy will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Policy has exhausted its Coverage Maximum.
- Benefits under Your Policy on behalf of Your Spouse or Partner will be paid according to the applicable benefits, limits, Claims payment provisions and all other provisions of Your Policy on the date the expense is incurred; and count against the Coverage Maximum of Your Policy.
- No Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Policy.
- Continuation of Your Spouse or Partner's Coverage under Your Policy will terminate when the Coverage Maximum of Your Policy is exhausted.
- We will give You written notice when Your Spouse or Partner has begun to access Coverage under Your Policy.

### Coverage Maximum Transfer/Continued Sharing Upon Death

**Coverage Maximum Transfer:** If You die while both You and Your Spouse or Partner have Shared Coverage Riders in force, upon written notification of Your death, the remaining Coverage Maximum of Your Policy will be added to the Coverage Maximum of Your Spouse or Partner's Policy.

**Continued Sharing:** If You die while this Rider is in force and Your Spouse or Partner is sharing Coverage under Your Policy at time of Your death, he or she may continue Coverage under Your Policy subject to the terms of this Rider.

**Affect on Premium:** When You die and either the Coverage Maximum Transfer or Continued Sharing apply to Your Spouse or Partner Coverage, Premium for the Policy under which the survivor is then insured will no longer include the cost of this Rider.

### **Guaranteed Minimum Benefit**

**Guaranteed Minimum:** 50% of Your Coverage Maximum in effect on the Policy Effective Date.

To ensure that at least the Guaranteed Minimum is available to pay for Covered Expenses You may incur, We will reset Your Coverage Maximum on the date Your Coverage Maximum is exhausted; but only if the total Benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum reduced by the total Benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the Coverage Maximum as changed under this Guaranteed Minimum Benefit.
- All other Benefit limits, terms and conditions under the Policy will remain the same.
- The Policy will cover You alone; and this Rider will terminate.
- The cost of this Rider will no longer apply to Your future Premium.

### **When This Rider Is In Force**

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It can be continued in force by the timely payment of Premium until it is terminated.

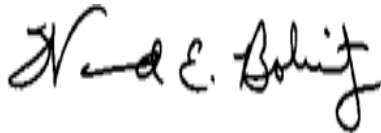
Except as provided in the "Note" below, this Rider will automatically terminate on the earlier of:

- The date the Policy ends or is continued under any Nonforfeiture Benefit.
- The date of death of Your Spouse or Partner.
- The date the identical Shared Coverage Rider on Your Spouse or Partner's Policy ends for any reason other than exhausting the Coverage Maximum applicable to his or her Policy.
- The date We reset Your Coverage Maximum as provided under the Guaranteed Minimum Benefit.
- The date the Benefit levels and Benefit options under the Policies of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either You or Your Spouse or Partner.
- The Premium Due Date following Our receipt of Your written request to terminate this Rider.

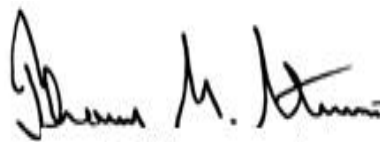
**Note:** This Rider cannot be terminated if Your Spouse or Partner has begun to access Benefits under Your Policy until he or she is no longer eligible for continued Benefits under Your Policy.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division



## 10 YEAR SURVIVORSHIP BENEFIT RIDER

*This Rider adds the following 10 Year Survivorship Benefit to the Policy.*

### The Benefit

Subject to the Conditions below, if Your Spouse or Partner for this Benefit dies, Your Policy will be paid up and no further Premium payments will be required for Your Policy when all of the following Conditions have been met. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Policy.

### Conditions

You must meet the following conditions on the date Your Spouse or Partner for this Benefit dies:

- both You and he or she continuously had long term care insurance that:
  - was provided under an individual or group policy issued by Us;
  - at the time of his or her death had been in force, other than under any Nonforfeiture Benefit, for at least the prior 10 year period;
  - included a similar 10 Year Survivorship Benefit for the entire prior 10 year period; and
  - no long term care Benefits were paid or payable by Us for either person for care received during the first 10 years of such concurrent Survivorship Benefit Coverage; and
- He or she had been Your Spouse or Partner for the entire 10 year period of concurrent Coverage.

**Limitation:** This Benefit will not apply if long term care Benefits were paid or payable by Us for any expenses incurred for care received by either You or Your Spouse or Partner during the first 10 years of such concurrent Survivorship Benefit Coverage. For the purposes of this Rider, a Benefit is considered to be "payable" if a Claim is made and a Benefit would have been paid in the absence of any Elimination Period, non-duplication or coordination of coverage provisions.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Policy and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

**Note:** You must send Us a written request if You wish to terminate this Rider for any other reason.

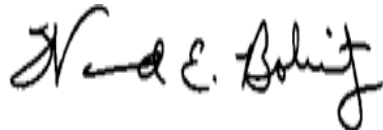
### When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

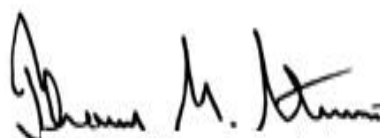
- the date Your Policy ends; or
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us; or
- the date a Benefit has been paid or payable by Us for care received by either You or Your Spouse or Partner during the first 10 years of concurrent Survivorship Benefit Coverage.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division

## **TRANSITION BENEFIT RIDER**

*This Rider adds the following Transition Benefit to the Policy.*

### **The Benefit**

Subject to the Payment Limitations below, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below.

### **Covered Expenses**

Covered Expenses for this Transition Benefit means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The amount determined from the Schedule for this Benefit will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

### **Payment Limitations**

This is a one-time Benefit. Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

**Notice Regarding Tax Law** - Payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

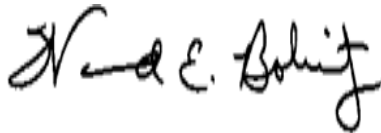
### **When This Rider Is In Force**

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

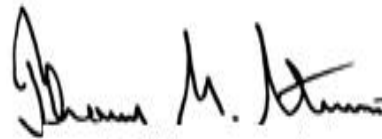
- the date Your Policy ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**



Secretary



President and CEO, Long Term Care Division



Genworth®  
Financial

Genworth Life Insurance Company  
[Administrative Office  
3100 Albert Lankford Dr.  
Lynchburg, Virginia 24501-4948  
888.325.5433]

# Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company  
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Policy form series 7052

## NOTICE TO BUYER

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This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

## CAUTION

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The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your Application. A copy of Your Application will be attached to Your issued Policy. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

## 1. POLICY DESIGNATION

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The Policy is an individual policy of insurance.

## 2. PURPOSE OF THE OUTLINE OF COVERAGE

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This Outline Of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy, and not this Outline of Coverage, contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**

## 3. FEDERAL TAX CONSEQUENCES

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The Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

## 4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

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**(a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of the Policy, to continue the Policy until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Policy on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY.**

**(b) WAIVER OF PREMIUM:** Premium will be waived for each coverage month while You are receiving Benefits that qualify for this waiver as described in the Schedule at the end of this Outline Of Coverage.

## 5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

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**WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE.** We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

## 6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

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**30-Day Free Look Period:** You have 30 days from the day You receive the Policy to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Policy during this 30-Day Free Look Period; or (b) Our denial of Your Application.

**Unearned Premium Refunds:** Unearned Premium will be refunded if the Policy ends due to death, surrender or cancellation.

## Outline of Coverage

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### 7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

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If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

### 8. LONG TERM CARE COVERAGE

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Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

The Policy reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Policy.

### 9. BENEFITS PROVIDED BY THIS POLICY

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**(a) Covered Services:** Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. When the plan selected pays for less than 100% of the Covered Expenses, You will be responsible for the payment of any expenses not covered by the Policy. The limits and features chosen for Your Policy are shown at the end of this Outline Of Coverage.

**(b) Institutional Benefits:** These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. Bed Reservation coverage is available for temporary absences (up to 60 days per calendar year) from one of these facilities.

**(c) Non-Institutional Benefits:** These include the following:

**Privileged Care<sup>®</sup> Coordination Services** are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The **Home and Community Care Benefit** covers services received at home and in the community for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services and Homemaker and Chore Care from formal and informal providers. These providers may be nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. They can be independent; and do not need to be associated with an agency or provider organization.
- Non-Institutional Hospice Care (as part of a separate Hospice Care Benefit).

The **Home Assistance Benefit** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to 90 days/3 months of full Nursing Facility Benefits.

The **Hospice Care Benefit** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The **Respite Care Benefit** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The **Alternate Care Benefit** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The **Contingent Nonforfeiture Benefit** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as determined under the Policy.

**(d) Eligibility For The Payment Of Benefits:** For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

## Outline of Coverage

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**Conditions:** Benefits will only be paid as reimbursement for Covered Expenses paid on Your behalf that meet all of the following conditions:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- The Policy must be in force on the date(s) the Covered Care is received.
- We will pay for Covered Expenses incurred after any applicable Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the specific Benefits being claimed.
- You must meet the requirements for payment in accordance with all the provisions of the Policy.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

**Meaning Of Terms:** The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy contains additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Policy.

*Activities of Daily Living* means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

*Chronically Ill or Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

*Severe Cognitive Impairment* is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

*Substantial Assistance* is either:

- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

*Substantial Supervision* is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

*Coverage Maximum* means the maximum amount of Benefits under the Policy as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

*Covered Care* means those Qualified Long Term Care Services for which the Policy pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

*Covered Expenses* means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

*A Current Eligibility Certification* is a written certification by a Licensed Health Care Practitioner, who is not a member of Your Immediate Family, that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

*Elimination Period* means the length of time, as determined in the Schedule, before You are eligible for Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on

## Outline of Coverage

Page [4] of [9]

which You receive Covered Care. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

*Nursing Facility Maximum* means the maximum amount We will pay for Confinement in a Nursing Facility. This may be a daily maximum or a monthly maximum. This amount is also used to determine other Benefit maximums.

*Qualified Long Term Care Services* means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

### OTHER FEATURES AND OPTIONS

*(Options are available for an additional Premium)*

**[International Coverage Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.] **OR**

**[International Nursing Facility Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.]

**Optional Nonforfeiture Benefit:** This Benefit provides for the continuation of the Policy if the Policy ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for the Policy; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time the Policy ends. In no event will this amount exceed the unused Coverage Maximum at the time the Policy ends.

**[Optional] [Shared Coverage Rider:** When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Coverage Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of its original Coverage Maximum. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases When the Shared Coverage Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.]

**[Optional] [Waiver of Home Care Elimination Period:** This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.]

**[Optional] [Restoration Benefit:** This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.]

**[Optional] [Family Care Benefit:** This Benefit pays for Covered Expenses incurred for care provided by family members up to a calendar year total of: 30 days with a daily maximum of: 25% of the Nursing Facility Maximum per day when daily Benefits apply; or 1% of the Nursing Facility Maximum per day when Benefits are payable on a calendar month basis.]

**[Optional] [Transition Benefit:** This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [10 Year Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years; and (2) die while the Policy is still in-force.

## Outline of Coverage

Page [5] of [9]

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [Graded Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional 10 Year Survivorship Benefit:** This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.]

**[Optional Enhanced Survivorship Benefit:** This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.]

## 10. EXCLUSIONS AND LIMITATIONS

---

There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for the Policy, or any increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of the Policy.

**Non-eligible Facilities/Providers:** A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Policy in order to qualify for coverage.

**Non-eligible Levels of Care:** Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Policy.

**Exclusions/Exceptions and Limitations:** We will not pay Benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- For which no charge is normally made in the absence of insurance;
- Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;
- Provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;
- Provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made;
- Resulting from illness, treatment or medical condition arising out of any of the following:
  - War or any act of war, whether declared or not;
  - Attempted suicide or an intentionally self-inflicted injury;
- For your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).

**Non-Duplication:** Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and

## Outline of Coverage

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- Any other Federal, state or other government health or long term care program, [(including the **Community Living Assistance Services and Supports Act - CLASS Act**)], or law except Medicaid.

This Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

**Coordination with Other Coverage:** We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care. .

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

### 11. RELATIONSHIP OF COST OF CARE AND BENEFITS

---

Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of the Policy may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at the time the Policy is issued, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

#### AVAILABLE BENEFIT INCREASE OPTIONS

---

**5%[/4%]/[3%] Compound Benefit Increases:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by [5%][the selected percentage].

**[Graded Compound Benefit Increases:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% while You are 60 years of age and younger;
- 3% while You are at least 61 years of age and less than 76 years of age; and
- 2% while You are 76 years of age and older.]

**[Benefit Increases Adjusting at Age 66:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% of the then current amounts while You are 65 years of age and Younger; and
- thereafter by 5% of the respective amounts in effect on the anniversary of the Policy Effective Date on which You were 65 years of age. ]

**[5% Equal Benefit Increases:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by 5% of their respective amounts in effect on the Policy Effective Date. Calculation of the increased amounts is not affected by Benefit payments.]

**[5%][3%] Future Purchase Options:** These provide a way to increase Your Benefit maximums on every [2nd][3rd] anniversary of the Policy Effective Date. Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise eligible for Benefits on the date the offer is accepted.

You will be given the option to purchase additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of [XX.x%]). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Offers and Benefit Increases cease when: (a) You have refused/declined three consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) the Policy ends; or (e) the Policy is continued under any Nonforfeiture Benefit, if applicable. ]



## Outline of Coverage

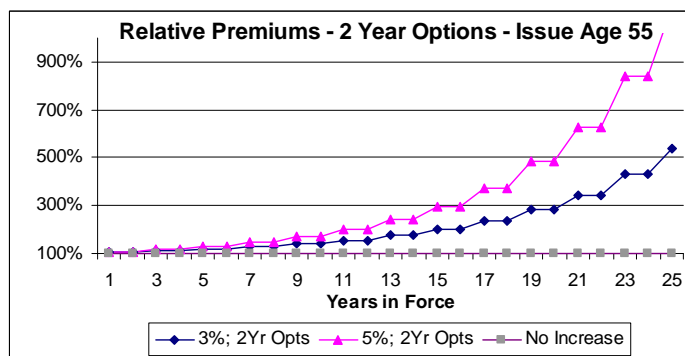
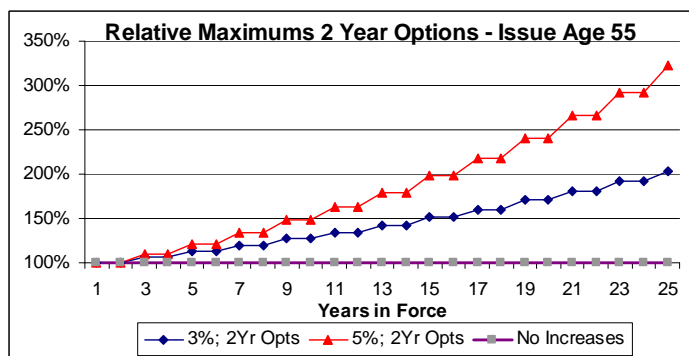
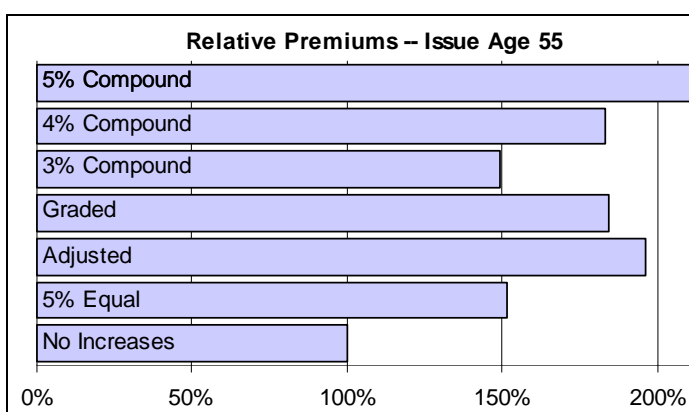
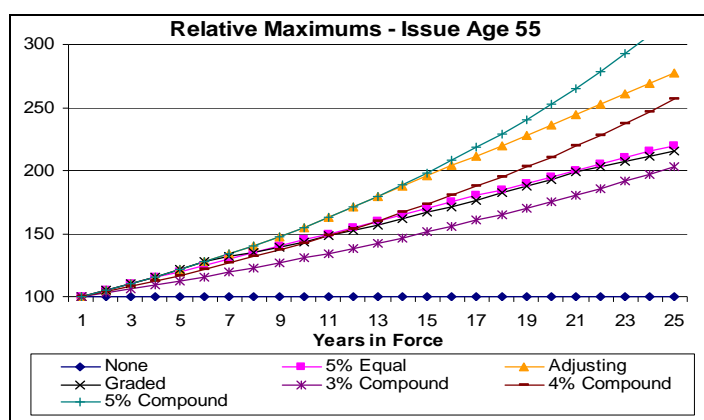
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**[5%][3%] Guaranteed Purchase Options:** These provide a way to increase Your Benefit maximums on every [2nd][3rd] anniversary of the Policy Effective Date. Increases will be available even if You are Chronically Ill or otherwise eligible for Benefits.

Unless refused/declined by You, these increases will provide additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of XX.x%). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Offers and Benefit Increases cease when: (a) You have refused/declined three consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) the Policy ends; or (e) the Policy is continued under any Nonforfeiture Benefit, if applicable. ]

### INFLATION PROTECTION – GRAPHIC COMPARISONS



## 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

## Outline of Coverage

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### 13. PREMIUM

Options and Premium	Annual Premium for Selected Option	
	[Applicant A	Applicant B]
[Plan Selected	[Plan A ]	[Plan A ]]
Policy with any Benefit Increases	\$ _____	[\$ _____]
[O Nonforfeiture Benefit	\$ _____]	[\$ _____]
[O Shared Coverage Rider with Joint Waiver O Yes O No	\$ _____]	[\$ _____]
[O Waiver of Home Care Elimination Period	\$ _____]	[\$ _____]
[O 10 Year Survivorship Benefit	\$ _____]	[\$ _____]
[O Enhanced Survivorship Benefit – Qualifying Period : [O7 Yrs O10 Yrs]	\$ _____]	[\$ _____]
[O Refund of Premium On Death Benefit: [O Graded O10 Years]	\$ _____]	[\$ _____]
[O Restoration Benefit	\$ _____]	[\$ _____]
[O Family Care Benefit	\$ _____]	[\$ _____]
[O Transition Benefit	\$ _____]	[\$ _____]
Anticipated Discounts	\$ _____	[\$ _____]
Total if paid annually	\$ _____	[\$ _____]
Modal Payment Factor*	_____	[ _____]
Modal Premium (After Factor)	\$ _____	[\$ _____]
Annual Total Modal Premium	\$ _____	[\$ _____]
Premium Payment Period:	O Lifetime O 10 Years O To Age 65	O Lifetime O 10 Years O To Age 65

\* You may have the right to choose one of the following Premium Payment Modes: annual in one payment; semi-annual in two payments; quarterly in four payments; or monthly in twelve payments. If You elect a Premium Payment Mode other than annual, You will pay additional charges for electing that Premium Payment Mode. The additional charges associated with paying more frequently than once a year are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor. The modal premium factors are: 1.00 for annual; .51 for semi-annual; .26 for quarterly; and .09 for monthly.

### 14. ADDITIONAL FEATURES AND REMINDERS

**Underwriting:** We will underwrite Your Application by reviewing the information submitted on Your application and any other information You authorize Us to obtain.

**Continuation for Lapse Due to Cognitive or Functional Impairment:** If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

**Reminder:** This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when Your Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

### 15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE.

CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

## Outline of Coverage

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### SCHEDULE

(Complete to show coverage selected)

	Applicant A	Applicant B
<b>[Shared Coverage Rider]</b> (Selections for both applicants must be identical) [Includes Joint Waiver of Premium [ <input type="radio"/> Yes <input type="radio"/> No ]]	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Covered Percentage</b>	[100%] [80%]	[100%] [80%]
<b>Elimination Period</b> – [Days of Covered Care][Calendar Days]	[O30 O90 O180] [O Covered Care Days O Calendar Days]	[O30 O90 O180] [O Covered Care Days O Calendar Days]
[Waiver of Home Care Elimination Period]	[O Yes <input type="radio"/> No]	[O Yes <input type="radio"/> No]
<b>Nursing Facility Maximum</b> - per [Calendar Month]	\$ _____	\$ _____
<b>Assisted Living Facility Maximum</b> As a % of the Nursing Facility Maximum	[O100% O75% O60% O50%]	[O100% O75% O60% O50%]
<b>Home and Community Care Maximum</b> As a % of the Nursing Facility Maximum	[O100% O75% O60% O50%]	[O100% O75% O60% O50%]
<b>[Benefit Multiplier]</b> - Years worth of Benefits Based on 12 months per year]	[O Unlimited O2 Years O3 Years O4 Years O5 Years O6 Years O8 Years O10 Years ON/A]	[O Unlimited O2 Years O3 Years O4 Years O5 Years O6 Years O8 Years O10 Years ON/A]
<b>Coverage Maximum</b> [(Nursing Facility Maximum X Benefit Multiplier)]	\$ _____	\$ _____
<b>Benefit Increases</b> [The Coverage Maximum and amounts based on the Nursing Facility Maximum are increased when Benefit Increases apply and exhausted only when the total of all Benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.]	O5% Compound [O3% Compound] [O5% Equal] [O5% Future Purchase Options] [O None]	O5% Compound [O3% Compound] [O5% Equal] [O5% Future Purchase Options] [O None]

### Benefits And Services Provided

### We Pay The Covered Percentage Of Covered Expenses Up To These Limits

Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit:	[XX% of the] [The selected % of the]
(Includes room charges in an Assisted Living Facility)	Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit:	[XX% of the] [The selected % of the]
(Covers Formal and Informal Care Providers)	Nursing Facility Maximum per [day][calendar month]
Home Assistance Benefit:	A Policy total payment maximum equal to the Nursing
(Covers equipment, modifications & training)	Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit:	Up to 30 days per calendar year
Alternate Care Benefit:	Payment subject to mutual agreement
The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.	

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.

The maximum total amount payable for all Covered Expenses incurred in a [day][calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

# LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

## SECTION A

### Premium Information

**Policy Form #:** 7052 or state equivalent

**The premium for the coverage you are considering will be:** (Complete *only* the premium for the desired payment frequency.)

\$                      annually                      \$                      semi-annually                      \$                      quarterly                      \$                      monthly

**Type of Policy** Guaranteed renewable.

**The Company's Right to Increase Premiums** The company has the right to increase premiums based on premium class; provided it raises premiums for all similar policies issued in the same state and on the same form as this policy.

**Rate Increase History** The company has sold long-term care insurance since 1974 and has sold this policy since 2011. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *Following is a summary of the rate increases:*

Policy Form Series	Years Available for sale	Percentage of Increase	Effective Year
* 6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%**	2007-2008
* 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-1998	0-9%**	2007-2008
* 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12%**	2007-2008
* 7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007	1997-2003	0-11%**	2007-2008

\*Note: not every policy form series was available in every state

\*\*Varies by state

### Questions Related to Your Income

**How will you pay each year's premium?** ☐ From my Income    ☐ From my Savings/Investments    ☐ My Family will Pay

**Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?**

☐ Yes    ☐ No — *If you have not considered this possibility, please do not proceed with the application until doing so.*

## SECTION B

**What is your annual income?** (check one)

- ☐ Under \$10,000   ☐ \$10,000-\$20,000   ☐ \$20,001-\$30,000   ☐ \$30,001-\$50,000   ☐ Over \$50,000

**How do you expect your income to change in the next 10 years?** (check one)

- ☐ No change   ☐ Increase   ☐ Decrease

*If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.*

**Will you buy inflation protection?** (check one)   ☐ Yes   ☐ No

**If not, how will you pay for the difference between future costs and your daily benefit amount?**

- ☐ From my Income   ☐ From my Savings/Investments   ☐ My Family will Pay

*The national median annual cost of care in 2010 was \$75,190 [\$206 per day], but this figure varies across the country. In ten years the national median annual cost would be about \$122,477, if costs increase 5% annually.*

**Select Elimination Period you are considering.** The approximate cost of care for that period (based on a national median cost of \$206/day) is shown for each elimination period choice.

- ☐ Zero Days (\$0)   ☐ 30 Days (\$6,180)   ☐ 90 Days (\$18,540)  
☐ 180 Days (\$37,080)   ☐ 365 Days (\$75,190)

**How are you planning to pay for your care during the Elimination Period?** (check one)

- ☐ From my Income   ☐ From my Savings/Investments   ☐ My Family will Pay

### Questions Related to Your Savings and Investments

**Not counting your home, about how much are all of your assets (your savings and investments) worth?** (check one)

- ☐ Under \$20,000   ☐ \$20,000-\$30,000   ☐ \$30,001-\$50,000   ☐ Over \$50,000

**How do you expect your assets to change over the next ten years?** (check one)

- ☐ Stay about the same   ☐ Increase   ☐ Decrease

*If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.*

LONG TERM CARE INSURANCE PERSONAL WORKSHEET *continued***DISCLOSURE STATEMENT**

- Check one:** ☐ The answers to the preceding questions accurately describe my financial situation.  
☐ I choose not to complete this information (in section B on the prior page), and I have signed the Verification of Financial Non-Disclosure.

*NOTE: Section A of this worksheet must be completed even if you do not disclose your financial information.*

**YOU MUST CHECK THE CIRCLE BELOW TO ACKNOWLEDGE THAT YOU HAVE READ THE FOLLOWING STATEMENT. PLEASE SIGN BELOW.**



- ☒ **(THIS CIRCLE MUST BE CHECKED)** I acknowledge that the carrier and/or its Agent/Producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures.

I understand that the rates for this policy may increase in the future.

Applicant A Signature <b>X</b>	Printed Name	Date mm/dd/yyyy 
Applicant B Signature <b>X</b>	Printed Name	Date mm/dd/yyyy 

I explained to the applicant the importance of completing this information.



Agent/Producer's Signature <b>X</b>	Agent/Producer's Printed Name	Date mm/dd/yyyy 
--	-------------------------------	---------------------

**Complete this section ONLY if your Agent/Producer has advised you that this policy may not be suitable for you.**

My Agent/Producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Applicant A Signature <b>X</b>	Date mm/dd/yyyy 	Applicant B Signature <b>X</b>	Date mm/dd/yyyy 
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**In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.**

SERFF Tracking Number:	GEFA-126825424	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	47173
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	7052 Policy		
Project Name/Number:	7052 Policy/7052 Policy		

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 11/22/2010 Rates	Standard Premium	7052 et al	New		Standard Premium Rates (Form 7052).pdf

# **GENWORTH LIFE INSURANCE COMPANY**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

## **LONG TERM CARE INSURANCE POLICY**

**Policy Form Series: 7052**

**October 2010**

### **Premium Rates**

#### Table A

The Base premium rate table varies by Benefit Period, Benefit Increase Option and Issue Age. These premium rates are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit (Excludes Room and Board)
- Home and Community Care Benefit (Incidental Homemaker and Chore Services, Home Health Agencies and Independent Providers only) paid at 100% of Nursing Facility
- Bed Reservation Benefit (Nursing Home Only)
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit (Nursing Facility only)
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 18, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, 3650 and Unlimited. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.



## **GENWORTH LIFE INSURANCE COMPANY**

### Table A-1 and A-2

These two tables of factors convert rates from No Bio to either FPO or GPO. The factors are applied directly to the No Bio Base Rates found in Table A.

### Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

### Table C-1

Table C-1 converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates.

### Tables D-1 to D-3

These tables contain factors for basic plan options.

### Table E-1 to E-4

Table E-1 converts the Elimination Period from Service Days to Calendar Days. Table E-2 converts the 100% Home Care to Reduced Home Care coverage. Table E-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage. Table E-4 converts the policy to an 80% Coinsurance Plan.

### Table F-1 to F-13

These tables contain factors for other benefit options and riders.

### Table G

This table contains modal factors for different billing frequencies.

## GENWORTH LIFE INSURANCE COMPANY

### Rate Calculation Example

Issue Age: 60

Benefit Period: 1,095 Days

FPO Option 8 – 5% Compound Every 3 Years

Underwriting Class: Married - Standard

Step	Description	Rate Calculation
1	Get annual rate per \$10 Daily Benefit from Table A	72.45
1a	If BIO is FPO or GPO use the No Bio Base Rate and apply A-1 or A-2 Factor	1.045
2	Premium payment term is Lifetime.	1.00
3	Result: Step 1 x Step 1a x Step 2	75.71
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	83.28
6	Basic plan options (Tables D-1 to D-3)	
	Add ALF Room and Board coverage. Factor from Table D-2	10.5%
	Add Waiver coverage on ALF and Home Care. Factor from Table D-3	1.0%
	Sum of factors for Tables D-1 to D-3	11.5%
7	Result: Step 5 x (1 + sum of factors from Step 6)	92.8572
8	Other plan features (Tables E-1 to E-4)	
	75% Home & Community Care. Factor from Table E-2	-4.5%
	Sum of factors for Tables E-1 to E-4	-4.5%
9	Result: Step 7 x (1 + sum of factors from Step 8)	88.6768626
10	Optional Benefits (Tables F-1 to F-13)	
	0-Day elimination period for Home Care. Factor from Table F-1	6.4%
	Enhanced 7-Year Survivorship Benefit. Factor from Table F-8	12.5%
	Nonforfeiture Benefit. Factor from Table F-10	22.0%
	Sum of factors for Tables F-1 to F-13	40.9%
11	Result: Step 9 x (1 + sum of factors from step 10)	124.948184
12	\$200 Daily Benefit i.e. 20 “units” of daily benefit	20
13	Result: Step 11 x Step 12	2498.96368
14	Premiums payable semi-annually. Factor from Table G	0.51
15	Result: Step 13 x Step 14	\$1,274.47
16	Apply Discount Factor Associated with Applicants Underwriting	\$764.68

# GENWORTH LIFE INSURANCE COMPANY

## A Table

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	33.19	54.14	70.65	67.54	55.96	62.05	72.94	44.24	68.42	88.40	84.50	70.72	77.64	91.27
30	36.18	57.79	73.87	70.12	58.91	63.77	76.61	47.73	72.93	92.32	87.64	74.35	79.70	95.75
35	39.16	61.43	77.03	72.63	61.13	65.33	80.26	51.22	77.44	96.19	90.69	77.05	81.59	100.23
40	41.34	64.41	80.71	76.42	62.62	70.05	84.68	54.06	80.65	100.64	95.28	78.40	87.33	105.58
45	41.91	64.87	81.22	77.22	62.91	72.10	85.79	54.79	80.68	101.09	96.11	79.04	89.74	106.79
50	43.98	65.52	82.95	78.39	63.44	75.29	88.20	55.19	81.85	105.92	100.11	79.24	96.14	112.63
55	45.52	66.09	88.26	81.75	65.24	82.35	94.95	57.52	85.09	109.53	101.46	83.98	102.20	117.84
60	61.60	92.61	97.49	88.38	88.73	94.69	107.40	72.45	112.91	128.31	107.76	108.18	124.62	141.35
65	90.68	127.70	127.70	115.44	118.90	137.89	153.84	105.97	162.69	162.69	147.06	151.47	174.15	194.31
70	153.86	202.77	202.77	181.13	188.82	210.35	230.93	184.58	258.80	258.80	231.17	240.99	271.45	298.02
75	263.67	340.46	340.46	298.68	317.98	355.56	384.25	331.42	434.38	434.38	381.06	405.70	468.06	505.83
80	461.43	561.75	561.75	495.40	527.41	568.89	614.80	579.98	716.73	716.73	632.06	672.91	748.89	809.32
85	672.36	817.10	817.10	720.58	767.15	817.79	883.78	845.11	1042.51	1042.51	919.36	978.78	1076.54	1163.41
90	1054.69	1259.70	1259.70	1110.90	1182.69	1280.01	1383.30	1325.67	1607.19	1607.19	1417.35	1508.95	1685.01	1820.98
94	1450.20	1787.40	1787.40	1576.27	1678.14	1777.80	1921.25	1822.81	2280.48	2280.48	2011.10	2141.07	2340.30	2529.14

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.23	75.31	98.66	94.30	77.85	86.64	101.85	56.28	86.07	114.23	109.16	90.14	100.31	117.93
30	51.31	80.79	103.53	98.29	82.36	89.38	107.38	59.00	94.25	118.68	112.65	94.42	102.47	123.09
35	54.38	86.27	108.37	102.17	85.84	91.91	112.90	62.15	96.73	123.18	116.11	97.54	104.45	128.29
40	57.67	90.09	112.76	106.75	87.58	97.86	118.30	65.19	102.43	129.00	121.70	100.11	112.41	135.91
45	58.70	90.37	113.26	107.16	87.66	100.05	119.06	66.56	102.93	129.76	123.13	100.45	114.65	136.42
50	59.17	91.53	120.41	113.81	88.62	109.29	128.04	67.15	103.43	131.76	124.55	101.47	119.62	140.12
55	62.18	94.17	121.94	114.64	92.94	113.77	131.18	69.10	107.94	135.02	126.91	102.91	125.95	145.23
60	81.55	128.83	143.10	122.94	123.43	138.98	157.64	94.78	146.59	165.58	142.26	142.83	160.82	182.42
65	113.79	180.56	180.56	163.21	168.10	194.06	216.53	129.10	200.60	200.60	191.00	196.71	227.10	253.38
70	205.11	291.88	291.88	260.73	271.80	309.28	339.56	236.49	328.65	328.65	300.84	313.61	356.88	391.79
75	371.06	494.67	494.67	433.95	462.00	523.54	565.79	416.84	567.02	567.02	490.50	522.20	591.74	639.49
80	668.83	848.86	848.86	748.59	796.97	879.54	950.52	714.22	931.67	931.67	808.48	860.74	949.91	1026.56
85	974.59	1234.70	1234.70	1088.85	1159.22	1264.36	1366.38	1043.36	1355.45	1355.45	1177.89	1254.01	1367.74	1478.12
90	1528.76	1903.50	1903.50	1678.64	1787.13	1978.99	2138.68	1637.61	2090.65	2090.65	1814.21	1931.46	2138.80	2311.40
94	2102.05	2700.91	2700.91	2381.87	2535.81	2748.60	2970.39	2250.52	2964.79	2964.79	2574.14	2740.52	2970.48	3210.18

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	61.63	94.13	119.43	114.14	94.24	104.89	123.29	65.84	102.91	129.65	123.92	104.43	113.89	133.86
30	62.60	100.99	126.29	119.87	100.42	109.00	130.94	69.31	110.39	136.02	129.11	109.95	117.41	141.05
35	67.33	107.19	133.01	125.40	104.73	112.80	138.56	73.48	116.35	143.49	135.29	114.80	121.70	149.50
40	70.21	112.16	139.16	130.78	107.29	120.76	145.98	76.08	120.67	149.96	140.72	116.93	130.14	157.33
45	71.55	113.33	139.44	132.34	107.38	122.97	146.34	77.42	121.46	150.63	142.33	117.45	132.59	157.79
50	71.65	114.41	140.87	134.29	109.00	127.86	149.79	77.92	122.99	151.45	143.72	118.70	137.46	161.04
55	73.38	119.43	143.73	135.85	111.53	134.09	154.61	79.49	131.69	153.50	145.78	126.65	143.20	165.11
60	96.99	159.92	177.86	152.81	153.42	172.72	195.93	104.69	177.00	190.79	168.31	168.98	185.29	210.18
65	140.04	213.98	213.98	206.62	212.81	245.71	274.12	152.70	235.45	235.70	219.66	226.24	264.24	294.82
70	253.38	353.92	353.92	324.54	338.32	384.99	422.66	274.30	386.71	387.14	350.01	364.87	417.15	457.98
75	448.17	611.34	611.34	528.78	562.95	637.93	689.40	481.36	667.49	668.87	582.64	620.29	692.05	747.45
80	769.15	1005.28	1005.28	872.11	928.48	1024.67	1107.36	833.70	1101.21	1101.92	963.96	1026.26	1109.27	1198.10
85	1121.61	1464.79	1464.79	1270.65	1352.75	1475.44	1594.50	1214.77	1602.00	1604.08	1403.17	1493.84	1595.81	1723.58
90	1760.98	2257.28	2257.28	1957.17	2083.67	2307.36	2493.55	1908.17	2470.99	2472.48	2161.67	2301.39	2496.78	2695.86
94	2420.19	3203.45	3203.45	2777.58	2957.10	3205.27	3463.90	2622.44	3504.92	3508.53	3067.25	3265.48	3468.05	3744.27

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	70.05	111.69	139.87	133.70	114.62	122.90	144.43	82.12	135.02	170.34	162.82	139.56	149.62	175.86
30	76.02	119.79	145.75	138.35	119.49	125.83	151.15	88.49	143.77	178.78	169.72	146.56	154.34	185.41
35	79.62	125.50	153.97	145.18	124.88	130.59	160.45	94.85	152.51	187.13	176.42	151.75	158.71	194.97
40	81.95	129.19	160.76	150.67	126.57	139.52	168.67	96.93	156.94	193.80	181.64	152.57	168.19	203.32
45	83.30	129.60	161.82	152.33	127.52	142.21	169.24	97.11	158.25	194.75	183.33	153.50	171.18	203.70
50	84.19	131.57	162.03	153.15	128.40	147.06	172.30	98.15	160.90	196.59	185.81	155.79	178.43	209.05
55	85.61	143.96	163.27	155.72	141.78	152.32	175.61	99.26	173.06	196.68	187.63	170.82	183.51	211.59
60	112.40	194.07	203.73	183.81	184.55	197.86	224.43	134.55	240.01	253.87	229.03	229.95	246.56	279.67
65	165.35	256.91	257.41	232.70	239.67	282.78	315.51	195.12	311.77	311.77	281.82	290.26	342.46	382.10
70	295.23	419.50	420.35	375.48	391.43	449.31	493.30	345.04	477.77	477.77	426.77	444.90	510.71	560.70
75	514.56	723.64	726.40	636.50	677.64	746.17	805.49	600.10	825.62	825.62	724.28	771.10	848.14	916.57
80	898.24	1197.14	1198.55	1055.82	1124.04	1193.87	1288.85	1050.17	1362.28	1362.28	1201.36	1279.00	1357.02	1466.52
85	1307.94	1739.21	1743.37	1535.70	1634.93	1716.18	1852.66	1530.24	1981.50	1981.50	1747.44	1860.37	1950.71	2108.11
90	2055.35	2684.70	2687.68	2366.16	2519.10	2686.20	2898.17	2400.38	3054.80	3054.80	2693.95	2868.06	3053.29	3299.66
94	2824.69	3806.39	3813.61	3356.92	3573.87	3730.83	4024.63	3300.53	4334.53	4334.53	3822.52	4069.56	4240.67	4582.86

## GENWORTH LIFE INSURANCE COMPANY

**Table A-1**  
**Future Purchase Options**

<b>FPO Offer</b>	<b>% Load</b>
3% Compounded Annually every 2 years (Reduced by claims)	1.025
3% Compounded Annually every 3 years (Reduced by claims)	1.030
3% Compounded Annually every 2 years (Not reduced by claims)	1.035
3% Compounded Annually every 3 years (Not reduced by claims)	1.040
5% Compounded Annually every 2 years (Reduced by claims)	1.030
5% Compounded Annually every 3 years (Reduced by claims)	1.035
5% Compounded Annually every 2 years (Not reduced by claims)	1.040
5% Compounded Annually every 3 years (Not reduced by claims)	1.045

**Table A-2**  
**Guaranteed Purchase Options**

<b>GPO Offer</b>	<b>% Load</b>
3% Compounded Annually every 2 years (Reduced by claims)	1.045
3% Compounded Annually every 3 years (Reduced by claims)	1.050
3% Compounded Annually every 2 years (Not reduced by claims)	1.055
3% Compounded Annually every 3 years (Not reduced by claims)	1.060
5% Compounded Annually every 2 years (Reduced by claims)	1.050
5% Compounded Annually every 3 years (Reduced by claims)	1.055
5% Compounded Annually every 2 years (Not reduced by claims)	1.060
5% Compounded Annually every 3 years (Not reduced by claims)	1.065

# GENWORTH LIFE INSURANCE COMPANY

**Table B**  
**Limited Pay Factors**

(Multiple of Lifetime Pay Rates)

Issue Age	10-Year Premium Payment	To Age 65 Premium Payment
< 25	4.56	1.25
25-29	4.21	1.38
30-34	3.92	1.75
35-39	3.63	2.07
40-44	3.34	2.30
45	3.16	2.40
46	3.10	2.42
47	3.05	2.43
48	3.00	2.45
49	2.93	2.48
50	2.87	2.50
51	2.82	2.51
52	2.76	2.53
53	2.69	2.55
54	2.64	2.56
55	2.58	2.58
56	2.53	
57	2.45	
58	2.37	
59	2.28	
60	2.20	
61	2.15	
62	2.09	
63	2.03	
64	1.99	
65	1.93	
66	1.87	
67	1.81	
68	1.76	
69	1.70	
70	1.64	
71	1.59	
72	1.54	
73	1.48	
74	1.43	
75	1.37	
76	1.31	
77	1.25	
78	1.20	
79	1.14	
80	1.08	
81 and over	1.04	

## GENWORTH LIFE INSURANCE COMPANY

**Table C-1**

**Service Day Elimination Period**

(% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.

# GENWORTH LIFE INSURANCE COMPANY

Table D-1

Rate Adjustment to change from Home and Community Care (Covers Formal Care Providers only) to Home and Community Care (Covers Formal and Informal Care Providers)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	3.5%	3.5%	3.0%	3.5%	3.5%
25-29	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	2.0%	3.0%	3.5%	3.5%	3.0%	3.5%	3.5%
30-34	2.0%	3.5%	4.5%	4.5%	3.5%	4.5%	4.5%	2.0%	4.0%	4.5%	4.5%	4.0%	4.5%	4.5%
35-39	2.0%	4.0%	6.0%	6.0%	4.0%	6.0%	6.0%	2.0%	5.0%	5.5%	5.5%	5.0%	5.5%	5.5%
40-44	2.5%	5.0%	6.5%	6.5%	5.0%	6.5%	6.5%	3.0%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%
45-49	3.0%	6.0%	8.0%	8.0%	6.0%	8.0%	8.0%	4.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
50-54	4.5%	8.0%	10.5%	10.5%	8.0%	10.5%	10.5%	6.5%	9.0%	10.5%	10.5%	9.0%	10.5%	10.5%
55-59	7.7%	12.0%	12.5%	12.5%	12.0%	12.5%	12.5%	10.0%	12.0%	12.5%	12.5%	12.0%	12.5%	12.5%
60-64	9.0%	10.7%	14.0%	10.7%	10.7%	14.0%	14.0%	12.0%	12.0%	13.0%	12.0%	12.0%	13.0%	13.0%
65-69	9.5%	10.5%	10.5%	10.5%	10.5%	11.0%	11.0%	12.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
70-74	8.0%	9.2%	9.2%	9.2%	9.2%	9.0%	9.0%	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
75-79	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%
80-84	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%
85-89	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%
90-94	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%	9.0%	8.0%	8.0%	8.0%	8.0%	9.0%	9.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
25-29	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
30-34	3.0%	4.5%	5.0%	5.0%	4.5%	5.0%	5.0%	3.0%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
35-39	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%
40-44	4.5%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%	4.5%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%
45-49	5.5%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	5.5%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
50-54	7.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	7.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	12.0%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%
60-64	13.5%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	13.5%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	13.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	13.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	8.5%	8.5%	10.0%	9.0%	9.0%	9.0%	9.0%	8.5%	8.5%
75-79	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
80-84	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
85-89	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%
90-94	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
25-29	2.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
30-34	3.0%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%
35-39	3.5%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%
40-44	4.5%	6.5%	7.0%	7.0%	6.5%	7.0%	7.0%	5.5%	7.5%	8.0%	8.0%	7.5%	8.0%	8.0%
45-49	5.5%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%
50-54	7.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.5%	12.5%	12.5%	12.5%	12.5%	12.5%	16.0%	11.0%	12.5%	12.5%	11.0%	12.5%	12.5%
60-64	13.5%	12.0%	12.5%	12.0%	12.0%	12.5%	12.5%	16.0%	10.0%	12.5%	12.5%	10.0%	12.5%	12.5%
65-69	13.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	14.0%	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	8.5%	8.5%	11.0%	8.5%	8.5%	8.5%	8.5%	9.0%	9.0%
75-79	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
80-84	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
85-89	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
90-94	8.5%	7.5%	7.5%	7.5%	7.5%	6.5%	6.5%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
25-29	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%	4.0%	4.0%	5.0%	5.0%	4.0%	5.0%	5.0%
30-34	4.0%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%	4.0%	5.0%	6.0%	6.0%	5.0%	6.0%	6.0%
35-39	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%	4.0%	6.0%	6.5%	6.5%	6.0%	6.5%	6.5%
40-44	5.5%	7.0%	8.0%	8.0%	7.5%	8.0%	8.0%	5.5%	7.0%	8.0%	8.0%	7.5%	7.5%	7.5%
45-49	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%	7.0%	8.5%	9.0%	9.0%	8.5%	9.0%	9.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	16.0%	11.0%	12.5%	12.5%	11.0%	12.5%	12.5%	16.0%	11.0%	12.5%	12.5%	11.0%	12.5%	12.5%
60-64	16.0%	10.0%	12.5%	10.0%	10.0%	12.5%	12.5%	16.0%	10.0%	12.5%	10.0%	10.0%	12.5%	12.5%
65-69	14.0%	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%	14.0%	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%
70-74	11.0%	8.0%	8.5%	8.5%	8.5%	9.0%	9.0%	11.0%	8.5%	8.0%	8.0%	8.0%	9.0%	9.0%
75-79	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
80-84	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
85-89	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%
90-94	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%	9.0%	6.5%	6.5%	6.5%	6.5%	7.0%	7.0%

# GENWORTH LIFE INSURANCE COMPANY

Table D-2  
Rate Adjustment to add Room & Board Coverage in an ALF

Issue Age	Lifetime Maximum: 730 x Daily Benefit								Lifetime Maximum: 1,095 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	3.5%	4.0%	5.5%	5.5%	4.0%	5.5%	5.5%		4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	
25-29	3.5%	4.0%	5.5%	5.5%	4.0%	5.5%	5.5%		4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	
30-34	3.5%	4.5%	6.5%	6.5%	4.5%	6.5%	6.5%		4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	
35-39	3.5%	4.5%	7.5%	7.5%	4.5%	7.5%	7.5%		4.0%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	
40-44	3.5%	5.0%	8.0%	8.0%	5.0%	8.0%	8.0%		4.0%	7.0%	10.0%	10.0%	7.0%	10.0%	10.0%	
45-49	3.5%	6.0%	9.0%	9.0%	6.0%	9.0%	9.0%		4.0%	8.0%	11.0%	11.0%	8.0%	11.0%	11.0%	
50-54	4.0%	8.0%	11.5%	11.5%	8.0%	12.0%	11.5%		6.0%	10.0%	13.5%	13.5%	10.0%	13.5%	13.5%	
55-59	6.0%	12.5%	13.5%	13.5%	12.5%	13.5%	13.5%		9.0%	14.0%	16.0%	16.0%	14.0%	16.0%	16.0%	
60-64	7.0%	12.0%	15.0%	12.0%	12.0%	15.0%	15.0%		10.5%	14.5%	16.5%	14.5%	14.5%	16.5%	16.5%	
65-69	7.5%	11.5%	11.5%	11.5%	11.5%	12.0%	12.0%		11.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	
70-74	7.5%	9.5%	10.0%	10.0%	10.0%	10.0%	10.0%		9.5%	11.5%	11.5%	11.5%	11.5%	11.0%	11.0%	
75-79	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%		8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%	
80-84	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%		8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%	
85-89	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%		8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%	
90-94	6.5%	8.0%	8.0%	8.0%	8.0%	7.5%	7.5%		8.0%	9.0%	9.0%	9.0%	9.0%	7.0%	7.0%	

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit								Lifetime Maximum: 1,825 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%		4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	
25-29	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%		4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	
30-34	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%		4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	
35-39	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%		4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	
40-44	4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%		4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%	
45-49	5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%		5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%	
50-54	6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%		6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%	
55-59	10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%		10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%	
60-64	11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%		11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%	
65-69	12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%		12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
70-74	10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%		10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
75-79	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
80-84	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
85-89	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
90-94	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit								Lifetime Maximum: 2,920 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%		4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	
25-29	4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%		4.0%	4.5%	6.0%	6.0%	4.5%	6.0%	6.0%	
30-34	4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%		4.0%	5.0%	7.5%	7.5%	5.0%	7.5%	7.5%	
35-39	4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%		4.5%	5.5%	9.0%	9.0%	5.5%	9.0%	9.0%	
40-44	4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%		4.5%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%	
45-49	5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%		5.0%	8.0%	12.0%	12.0%	8.0%	12.0%	12.0%	
50-54	6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%		6.0%	11.0%	14.5%	14.5%	11.0%	14.5%	14.5%	
55-59	10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%		10.0%	15.5%	17.0%	17.5%	15.5%	17.0%	17.0%	
60-64	11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%		11.5%	16.0%	17.5%	16.0%	16.0%	15.5%	17.5%	
65-69	12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%		12.5%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
70-74	10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%		10.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
75-79	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
80-84	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
85-89	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
90-94	8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		8.5%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit								Lifetime Maximum: Unlimited							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%		4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%	
25-29	4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%		4.0%	4.0%	7.0%	7.0%	4.0%	7.0%	7.0%	
30-34	4.0%	4.5%	8.5%	8.5%	4.5%	8.5%	8.5%		4.0%	4.5%	8.5%	8.5%	4.5%	8.5%	8.5%	
35-39	4.0%	5.0%	9.5%	9.5%	5.0%	9.5%	9.5%		4.0%	5.0%	9.5%	9.5%	5.0%	9.5%	9.5%	
40-44	5.0%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%		5.0%	7.0%	11.0%	11.0%	7.0%	11.0%	11.0%	
45-49	6.0%	9.0%	12.0%	12.0%	9.0%	12.0%	12.0%		6.0%	9.0%	12.0%	12.0%	9.0%	12.0%	12.0%	
50-54	6.5%	9.0%	14.5%	14.5%	9.0%	14.5%	14.5%		6.5%	9.0%	14.5%	14.5%	9.0%	14.5%	14.5%	
55-59	10.0%	14.0%	17.0%	17.0%	14.0%	17.0%	17.0%		10.0%	14.0%	17.0%	17.0%	14.0%	17.0%	17.0%	
60-64	10.5%	14.0%	17.0%	14.0%	14.0%	17.0%	17.0%		10.5%	14.0%	17.0%	14.0%	14.0%	17.0%	17.0%	
65-69	10.5%	14.0%	14.0%	14.0%	14.0%	15.0%	15.0%		10.5%	14.0%	14.0%	14.0%	14.0%	15.0%	15.0%	
70-74	9.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%		9.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
75-79	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%		8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	
80-84	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%		8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	
85-89	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%		8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	
90-94	8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%		8.0%	9.0%	9.0%	9.0%	9.0%	9.5%	9.5%	



# GENWORTH LIFE INSURANCE COMPANY

Table D-3

Rate Adjustment to add Waiver of Premium for ALF and Home & Community Care

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
60-64	1.0%	1.2%	1.5%	1.2%	1.2%	1.5%	1.5%	1.0%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
65-69	1.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
70-74	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
80-84	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
85-89	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
90-94	4.0%	5.0%	5.0%	5.0%	5.0%	5.5%	5.5%	5.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
60-64	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
65-69	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.8%	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.8%
70-74	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%
75-79	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%
80-84	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%
85-89	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%
90-94	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
55-59	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
60-64	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
65-69	2.0%	2.5%	2.5%	2.5%	2.5%	2.5%	2.8%	4.0%	3.5%	3.5%	3.5%	3.5%	3.0%	3.0%
70-74	3.0%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%	6.0%	5.5%	5.5%	5.5%	5.5%	4.0%	4.0%
75-79	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
80-84	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
85-89	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
90-94	6.0%	6.5%	6.5%	6.5%	6.5%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							Lifetime Maximum: Unlimited						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
55-59	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
60-64	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
65-69	4.0%	3.5%	3.5%	3.5%	3.5%	3.0%	3.0%	4.0%	3.5%	3.5%	3.5%	3.5%	3.0%	3.0%
70-74	6.0%	5.5%	5.5%	5.5%	5.5%	4.0%	4.0%	6.0%	5.5%	5.5%	5.5%	5.5%	4.0%	4.0%
75-79	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
80-84	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
85-89	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%
90-94	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%	10.5%	9.0%	9.0%	9.0%	9.0%	7.5%	7.5%

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Table E-1

30 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
25-29	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
30-34	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
35-39	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
40-44	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
45-49	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%
50-54	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
55-59	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%	2.4%
60-64	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
65-69	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
70-74	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
75-79	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
80-84	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
85-89	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%
90-94	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%

60 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
55-59	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%	2.7%
60-64	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
65-69	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
70-74	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
75-79	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
80-84	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
85-89	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
90-94	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%

90 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
55-59	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
60-64	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
65-69	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
70-74	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
80-84	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
85-89	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
90-94	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%

180 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
25-29	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
30-34	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
35-39	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
40-44	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
45-49	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
50-54	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
55-59	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
60-64	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
65-69	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
70-74	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
75-79	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
80-84	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
85-89	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
90-94	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%

365 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	5%						
	No BIO	5% Equal BIO	Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
50-54	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
55-59	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
60-64	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
65-69	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
70-74	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
75-79	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
80-84	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
85-89	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%
90-94	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%

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**Table E-2**  
**50% Home & Community Care Care**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-6.0%	-5.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%

**60% Home & Community Care Care**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
55-59	-6.5%	-5.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
60-64	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
65-69	-7.0%	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%
70-74	-7.0%	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%	-4.0%
75-79	-7.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%	-5.0%
80-84	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%
85-89	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%
90-94	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%	-5.5%

**75% Home & Community Care Care**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-3.0%	-2.5%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%	-3.5%

# GENWORTH LIFE INSURANCE COMPANY

**Table E-3**  
**50% Assisted Living Facility**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-11.5%	-8.0%	-8.0%

**60% Assisted Living Facility**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-9.0%	-4.5%	-4.5%

**75% Assisted Living Facility**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-4.5%	-2.5%	-2.5%

# GENWORTH LIFE INSURANCE COMPANY

**Table E-4**

**80% Payment Level**

(% Reduction from 100% Payment Level)

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-4.5%	-4.5%	-4.5%	-4.5%	-4.5%
55-59	-6.5%	-6.5%	-6.0%	-6.0%	-6.0%	-6.0%	-6.0%
60-64	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.0%	-8.0%
65-69	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.5%	-8.5%
70-74	-9.0%	-9.0%	-9.0%	-9.0%	-9.0%	-8.5%	-8.5%
75-79	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
80-84	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
85-89	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%
90-94	-9.5%	-9.5%	-9.5%	-9.5%	-9.5%	-8.5%	-8.5%

# GENWORTH LIFE INSURANCE COMPANY

Table F-1

## 0-Day Home Care EP, 30-Day NH and ALF EP

(% Increase from 30-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum							Lifetime Maximum						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	4.0%	3.6%	3.2%	2.8%	2.8%	2.8%	2.8%	4.0%	3.6%	3.2%	3.2%	3.2%	3.2%	3.2%

## 0-Day Home Care EP, 60-Day NH and ALF EP

(% Increase from 60-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum							Lifetime Maximum						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	6.4%	6.3%	5.5%	4.8%	4.8%	4.8%	4.8%	6.4%	6.3%	5.7%	5.7%	5.7%	5.7%	5.7%

## 0-Day Home Care EP, 90-Day NH and ALF EP

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum							Lifetime Maximum						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	8.2%	8.2%	7.2%	6.2%	6.2%	6.2%	6.2%	8.2%	8.2%	7.4%	7.4%	7.4%	7.4%	7.4%

## 0-Day Home Care EP, 180-Day NH and ALF EP

(% Increase from 180-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum							Lifetime Maximum						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	15.5%	14.8%	13.0%	11.3%	11.3%	11.3%	11.3%	15.5%	14.8%	13.5%	13.5%	13.5%	13.5%	13.5%

## 0-Day Home Care EP, 365-Day NH and ALF EP

(% Increase from 365-Day EP for NH, ALF and HC)

Issue Age	All Except Unlimited							Unlimited						
	Lifetime Maximum							Lifetime Maximum						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	24.0%	23.0%	20.0%	20.0%	20.0%	20.0%	20.0%	24.0%	23.0%	21.0%	21.0%	21.0%	21.0%	21.0%

Table F-2

(% Increase to Base Rate)

## Monthly Benefits

All Issue ages

2.1%

Table F-3

(% Increase to Base Rate)

## Transition Benefit

(Benefit up to 5 times the Daily Benefit or 20% of the Monthly Benefit)

All Issue ages

2.5%

# GENWORTH LIFE INSURANCE COMPANY

**Table F-4**  
**10 Year Return of Premium on Death Benefit**

Issue Age							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%	58.0%

**Table F-5**  
**Graded Return of Premium on Death Benefit**

Issue Age	
18-64	8%
65+	N/A

# GENWORTH LIFE INSURANCE COMPANY

**Table F-6**

**10-Year Survivorship Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
< 25		4.5%		5.0%
25-29		4.5%		5.0%
30-34		4.5%		5.0%
35-39		4.5%		5.0%
40-44		4.5%		5.0%
45-49		4.5%		5.0%
50-54		4.5%		5.0%
55-59		4.5%		5.0%
60-64		4.5%		5.0%
65-69		4.5%		5.0%
70-74		5.0%		6.0%
75-79		6.0%		6.5%
80-84		6.0%		6.5%
85-89		6.5%		7.0%
90-94		6.5%		7.0%

**Table F-7**

**Enhanced 10-Year Survivorship Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
< 25		8.5%		10.0%
25-29		8.5%		10.0%
30-34		8.5%		10.5%
35-39		8.5%		10.5%
40-44		8.5%		10.5%
45-49		8.5%		10.5%
50-54		8.5%		10.5%
55-59		8.5%		10.5%
60-64		9.0%		11.0%
65-69		9.5%		11.5%
70-74		10.0%		12.0%
75-79		10.0%		12.0%
80-84		10.0%		12.0%
85-89		10.0%		12.0%
90-94		10.0%		12.0%

**Table F-8**

**Enhanced 7-Year Survivorship Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum:	All Except Unlimited	Lifetime Maximum:	Unlimited
All ages		12.5%		14.0%



# GENWORTH LIFE INSURANCE COMPANY

**Table F-9**

**Restoration of Benefits** (% Increase to Base Rate)

Issue Age	Lifetime Maximum 730 x Daily Benefit							Lifetime Maximum 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	11.0%	9.0%	8.0%	8.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%

Issue Age	Lifetime Maximum 1,460 x Daily Benefit							Lifetime Maximum 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%

Issue Age	Lifetime Maximum 2,190 x Daily Benefit							Lifetime Maximum 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Issue Age	Lifetime Maximum 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	6.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

**Table F-10**

**Nonforfeiture Benefit**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
25-29	29.0%	29.0%	29.0%	29.0%	29.0%	29.0%	29.0%
30-34	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%	28.0%
35-39	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%	27.0%
40-44	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%	26.0%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%	24.0%
55-59	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%	23.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%	22.0%
65-69	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%	21.0%
70-74	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%	19.0%
80-84	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%	18.0%
85-89	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%	17.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%

# GENWORTH LIFE INSURANCE COMPANY

**Table F-11**

**Adjustment when Inflation increases are reduced by claims**

Issue Age							
	No BIO*	5% Equal BIO*	5% Compound to 65, 5% Equal*	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
25-29	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
30-34	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
35-39	0.0%	0.0%	0.0%	-1.5%	-2.0%	-1.5%	-1.5%
40-44	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
45-49	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
50-54	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
55-59	0.0%	0.0%	0.0%	-2.0%	-2.5%	-2.0%	-2.0%
60-64	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
65-69	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
70-74	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
75-79	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
80-84	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
85-89	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%
90-94	0.0%	0.0%	0.0%	-2.5%	-2.5%	-2.5%	-2.5%

\* These Inflation options will not have the option to reduce inflation increases by claims.

# GENWORTH LIFE INSURANCE COMPANY

**Table F-12**  
**Shared Coverage Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit								Lifetime Maximum: 1,095 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
25-29	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
30-34	6.5%	6.0%	5.5%	5.5%	6.0%	5.5%	5.5%		5.5%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	
35-39	8.0%	7.0%	6.0%	6.0%	7.0%	6.0%	6.0%		6.0%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	
40-44	10.0%	9.0%	8.0%	8.0%	9.0%	8.0%	8.0%		8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	7.3%	
45-49	12.0%	11.0%	10.0%	10.0%	11.0%	10.0%	10.0%		10.0%	9.5%	9.5%	9.5%	9.5%	9.5%	9.5%	
50-54	17.0%	15.0%	14.0%	14.0%	15.0%	14.0%	14.0%		12.0%	11.5%	11.5%	11.5%	11.5%	11.5%	11.5%	
55-59	19.0%	18.0%	17.0%	17.0%	18.0%	17.0%	17.0%		14.0%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	
60-64	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	
65-69	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	
70-74	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	
75-79	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	
80-84	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	
85-89	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	
90-94	22.0%	21.0%	21.0%	20.0%	21.0%	20.0%	20.0%		16.0%	15.5%	15.5%	15.5%	15.5%	15.5%	15.5%	

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit								Lifetime Maximum: 1,825 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%		6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%		7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%		10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	
55-59	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
60-64	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
65-69	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
70-74	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
75-79	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
80-84	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
85-89	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
90-94	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		14.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit								Lifetime Maximum: 2,920 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO		No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%		4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%		6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%		7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%		10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	
55-59	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
60-64	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
65-69	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
70-74	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
75-79	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
80-84	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
85-89	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
90-94	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%		10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit							
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
25-29	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
30-34	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
35-39	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
40-44	6.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	
45-49	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	
50-54	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	
55-59	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
60-64	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
65-69	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
70-74	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
75-79	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
80-84	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
85-89	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	
90-94	10.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	

# GENWORTH LIFE INSURANCE COMPANY

Table F-13

Shared Coverage with Joint Waiver Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit							Lifetime Maximum: 1,095 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
25-29	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
30-34	7.7%	7.2%	6.7%	6.7%	7.2%	6.7%	6.7%	6.7%	7.0%	7.0%	7.0%	7.0%	7.0%	6.2%
35-39	9.2%	8.2%	7.2%	7.2%	8.2%	7.2%	7.2%	7.2%	7.7%	7.7%	7.7%	7.7%	7.7%	6.2%
40-44	11.2%	10.2%	9.2%	9.2%	10.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	8.5%
45-49	13.2%	12.2%	11.2%	11.2%	12.2%	11.2%	11.2%	11.2%	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%
50-54	18.2%	16.2%	15.2%	15.2%	16.2%	15.2%	15.2%	13.2%	12.7%	12.7%	12.7%	12.7%	12.7%	12.7%
55-59	20.2%	19.2%	18.2%	18.2%	19.2%	18.2%	18.2%	15.2%	14.7%	14.9%	14.9%	14.7%	14.9%	14.9%
60-64	23.2%	22.4%	22.8%	21.4%	22.4%	21.8%	21.8%	17.3%	17.3%	17.5%	17.3%	17.3%	17.5%	17.5%
65-69	23.6%	23.3%	23.3%	22.3%	23.3%	22.6%	22.6%	18.3%	18.4%	18.4%	18.4%	18.4%	18.5%	18.5%
70-74	24.5%	24.4%	24.4%	23.4%	24.4%	24.0%	24.0%	19.5%	19.7%	19.7%	19.7%	19.7%	19.8%	19.8%
75-79	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
80-84	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
85-89	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%
90-94	26.8%	26.0%	26.0%	25.0%	26.0%	25.0%	25.0%	21.0%	20.5%	20.5%	20.5%	20.5%	20.5%	20.5%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit							Lifetime Maximum: 1,825 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
25-29	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%
30-34	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
35-39	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%
40-44	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%
45-49	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%
50-54	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
55-59	15.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%	15.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%
60-64	15.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%	15.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%
65-69	16.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%	16.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%
70-74	18.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%	18.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%
75-79	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	19.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit							Lifetime Maximum: 2,920 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
25-29	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	5.2%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
30-34	5.7%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.7%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
35-39	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	6.2%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
40-44	7.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
45-49	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
50-54	11.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	12.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
55-59	13.2%	10.3%	10.4%	10.4%	10.3%	10.4%	10.4%	12.4%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
60-64	13.7%	11.0%	11.3%	11.0%	11.0%	11.3%	11.3%	13.2%	11.9%	11.3%	11.9%	11.9%	11.3%	11.3%
65-69	14.6%	12.1%	12.1%	12.1%	12.1%	12.4%	12.4%	15.0%	13.4%	13.4%	13.4%	13.4%	12.4%	12.4%
70-74	16.0%	13.6%	13.6%	13.6%	13.6%	13.7%	13.7%	15.0%	14.0%	14.0%	14.0%	14.0%	13.7%	13.7%
75-79	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	17.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit						
	No BIO	5% Equal BIO	5% Compound to 65, 5% Equal	Graded	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
25-29	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%	6.1%
30-34	6.7%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%
35-39	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%	7.1%
40-44	8.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
45-49	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%
50-54	12.1%	10.1%	10.1%	10.1%	10.1%	10.1%	10.1%
55-59	12.4%	11.1%	11.1%	11.1%	11.1%	11.1%	11.1%
60-64	13.2%	11.9%	11.3%	11.9%	11.9%	11.3%	11.3%
65-69	15.0%	13.4%	13.4%	13.4%	13.4%	12.4%	12.4%
70-74	15.0%	14.0%	14.0%	14.0%	14.0%	13.7%	13.7%
75-79	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	15.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

## GENWORTH LIFE INSURANCE COMPANY

**Table G**

**Adjustments to annual premium rates when alternative billing frequencies are used**

Mode	Factor
Annual	1.00
Semi-Annually	0.51
Quarterly	0.26
Monthly & Others	0.09

Premiums for payment options in the Other Category will be calculated using the following formula:  $\text{Monthly Rate} * 12 / \# \text{ Payments per Year}$ .

### **Substandard Rating**

A substandard risk charge of 25%, 50%, 75% or 100% may be applied to applicants in response to certain health underwriting criteria, and consistent with findings during the underwriting process.

# GENWORTH LIFE INSURANCE COMPANY

## Discounts Available

### Couples Discount

A 40% discount applies if both members of a couple submit valid applications and both are issued policies.

A 25% discount applies if both members of a couple submit valid applications and only 1 is issued a policy.

Note:

1. "Valid application" means that the applicant has answered "No" to all questions in the Insurability Profile section of the application and that these answers have been verified through the collection of other risk management information (e.g. medical records and face-to-face assessments).
2. We may use the following alternative discount structure for future sales: A 35% discount will apply if both members of a couple submit valid applications. This discount is actuarially equivalent to the discount structure described above.

### Preferred Health Discount

A 20% discount applies for single applicants who satisfy the criteria for the preferred health discount.

A 10% discount applies for a member of a couple who satisfies the criteria for the preferred health discount.

Note:

1. "Member of a couple" means an applicant who is eligible for a couples discount described above.
2. We may use the following alternative discount structure for future sales: A 15% discount will apply for an applicant who satisfies the criteria for the preferred health discount. This discount is actuarially equivalent to the discount structure described above.

### List Bill/Commonly Marketed Discount

For groups with 3 or more actively at work employees/members a 5% discount will apply if the group is commonly marketed or list billed.

### Producer Discount

A 10% discount will apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

SERFF Tracking Number:	GEFA-126825424	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	47173
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	7052 Policy		
Project Name/Number:	7052 Policy/7052 Policy		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Accepted for Informational Purposes	11/22/2010
<b>Comments:</b>		
<b>Attachment:</b> Readability Certification.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved	11/22/2010
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage	Approved	11/22/2010
<b>Bypass Reason:</b> Outline of Coverage included under the Form Schedule		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability	Approved	11/22/2010
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability10-14.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Partnership Certification	Approved	11/22/2010
<b>Comments:</b>		
<b>Attachment:</b>		

<i>SERFF Tracking Number:</i>	<i>GEFA-126825424</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47173</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>7052 Policy</i>		
<i>Project Name/Number:</i>	<i>7052 Policy/7052 Policy</i>		

**AR Certification.pdf**



**GENWORTH LIFE INSURANCE COMPANY**  
**Certification**

**This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meet your state's minimum Flesch Score.**

<b>Form</b>	<b>Form Number</b>	<b>Score</b>
Policy	7052	60.10
Outline of Coverage	7052 OL	54.30
International Coverage Benefit Endorsement	7052 END-IC	53.40
International Nursing Facility Endorsement	7052 END-INF	52.40
NFO Rider	7052 RDR-NFO	64.90
Enhanced Survivorship Rider	7052 RDR-ESURV	69.40
Survivorship Rider	7052 RDR-SURV	69.00
Shared Coverage Rider	7052 RDR-SC	68.30
10 Year Refund of Premium Endorsement	7052 END-RP10	67.00
Graded Refund of Premium Endorsement	7052 END-GRP	64.60
10 Year Refund of Premium Rider	7052 RDR-RP10	67.10
Graded Refund of Premium Rider	7052 RDR-GRP	65.20
Restoration Endorsement	7052 END-RB	53.90
Restoration Rider	7052 RDR-RB	60.40
Family Care Endorsement	7052 END-FC	63.60
Family Care Rider	7052 RDR-FC	60.10
Transition Endorsement	7052 END-TB	65.90
Transition Rider	7052 RDR-TB	63.60
To Age 65 Premium Payment Rider	7052 RDR-LP65	61.90
10 Year Premium Payment Rider	7052 RDR-LP10	62.10
Wellness Endorsement	7052 END-WE	45.3



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**Paul Loveland**  
**Vice President, Product Compliance**

**October 29, 2010**

# GENWORTH LIFE INSURANCE COMPANY

## **STATEMENT OF VARIABILITY** **Individual Long Term Care Insurance** **Form Series 7052 and related forms**

**Language that appears in the forms contained in this filing may vary as described herein.**

For all forms, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the form containing variable language.

### **General Guidelines**

While not enclosed in brackets, we may vary the names and/or titles of officers that appear on any of the forms. We may vary the address and telephone number for the company and may include website information if deemed appropriate. Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, etc., including bracketed [ ] information will be completed with information appropriate to the specific insured (within the parameters contemplated by our rate filing) as described below.

### **General Variable Limits applicable to all forms.**

- The Nursing Facility Maximum may range from \$30 to \$400 per day provided that this upper limit may be adjusted to be consistent with the prevailing cost of care. It may be expressed as a maximum per day or per calendar month (based on a 30 day month).
- The Coverage Maximum is an amount equal to the Nursing Facility Maximum payable for at least 12 months. It may be: a specific dollar amount; the amount payable at the Nursing Facility Maximum rate for a number of days, months or years (based on 12 months/365 days per year); or Unlimited.
- The Elimination Period may be 0, 30, 60, 90, 180 or 365 days, or periods within those limits; and may be waived for Home and Community Care Benefits. The Elimination Period will be based on either "calendar days" or "Days of Covered Care" (service days) with or without individual choice between the two versions.
- The Coverage Percentage (at 80%) will **only** be used when the coverage employs co-insurance as a means of providing more affordable coverage.
- Assisted Living Facility Benefits will generally be equal to 100% of the Nursing Facility Maximum but may be offered or limited to 50%, 60% 75% of the Nursing Facility Maximum.
- Home and Community Care Benefits will generally be equal to 100% of the Nursing Facility Maximum but may be offered or limited to 50%, 60% 75% of the Nursing Facility Maximum.
- The Home Assistance Benefit is subject to a Policy maximum payment equal to 3 times the monthly Nursing Facility Maximum.
- Bed Reservation Benefits are limited to 60 days per calendar year; and Respite Care is limited to 30 days per calendar year.
- Waiver of Premium may be limited to periods during which payment is being made under the Nursing Facility Benefit.
- The Shared Coverage Rider may include or exclude a Joint Waiver of Premium.
- The Enhanced Survivorship Benefit has a Qualification Period that may be 7 or 10 years.
- The Family Care Benefit pays up to a calendar year total of 30 days with a maximum of: 25% of the Nursing Facility Maximum per day when daily benefits apply; or 1% of the Nursing Facility Maximum per day when benefits are payable on a calendar month basis.
- The Transition Benefit is subject to a Policy maximum payment equal to 5 times the daily Nursing Facility Maximum or 20% of the monthly Nursing Facility Maximum.

## **Policy Pages 3, 3A & 3B – SCHEDULE**

**Insured:** This will include the name and address of the Insured

**Policy Number:** As assigned by the company

**Policy Effective Date:** The applicable dates

*The following statements will appear on page 3 below the identification of the Insured, Policy Number and Policy Effective Date. All Schedule references to Covered Percentage will be deleted when payment is not subject to co-insurance. Amounts may be expressed as either dollars or a percent or multiple of the Nursing Facility Maximum.*

### **COVERAGE FEATURES AND LIMITS**

Benefits are payable for [the Covered Percentage of ]Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of the Policy. Changes in Your Schedule may be made by Rider.

**[Covered Percentage:** 80%

The Covered Percentage is that portion of Covered Expenses for which benefits may be payable under the Policy.]

**Elimination Period:** "None", "XX days of Covered Care"; or "XX calendar days"

*The Elimination Period may be expressed as "XX days of Covered Care" with the following description:*  
The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.

*The Elimination Period may be expressed as "XX calendar days" with the following description:*  
The Elimination Period is satisfied by days You are Chronically Ill beginning with the first day You incur a Covered Expense.

*The following will be added to the above when the Elimination Period is waived for Home and Community Care or is not applicable to a Benefit provided by Rider or Endorsement.*

[However, there is no Elimination Period for the Home and Community Care Benefit; and, days of Covered Care under that Benefit will satisfy the Elimination Period.]

[The Family Care Benefit] [The Transition Benefit] is not subject to and cannot be used to satisfy the Elimination Period.]

**Coverage Maximum:** This will be expressed as a dollar amount (e.g. "\$xxx,xxx") or "Unlimited"

**Nursing Facility Maximum:** This will be expressed as a dollar amount per day or per calendar month (e.g. "\$xxx.00 per day" or "\$x,xxx.00 per calendar month")

**Benefit Increases:** This will show either "None" or the name of one of the applicable Benefit Increases provision. The description of any applicable Benefit Increases provision will appear at the bottom of the page.

*When Benefit Increases will apply to current payment maximums the following explanation will appear:*  
The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) increased when Benefit Increases apply; and (b) exhausted only when the total of all benefits paid equals the then applicable maximum amount. Benefit Increases that apply are not affected by any Benefits paid for Covered Expenses incurred prior to the date the applicable maximum is exhausted.

*When Benefit Increases will apply to unused payment maximums the following explanation will appear:*  
The Coverage Maximum and amounts based on the Nursing Facility Maximum are: (a) reduced as payments are made for Covered Expenses; (b) increased when Benefit Increases apply; and (c) exhausted when they are reduced to zero.

***The above will be followed by any applicable Benefit Increases provision, as stated below.***

**Page 3** (continued) – *When a Benefit Increase applies, it will be described in one of the following ways.* Where [XX.x%] appears in a Purchase Option we will insert the % increase for the applicable rate and time period.

**[5%][4%][3%] Compound Benefit Increases:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by [5%][the selected percentage].

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable]

**[Graded Compound Benefit Increases:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% while You are 60 years of age and younger;
- 3% while You are at least 61 years of age and less than 76 years of age; and
- 2% while You are 76 years of age and older.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable]

**[Benefit Increases Adjusting at Age 66:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by:

- 5% of the then current amounts while You are 65 years of age and Younger; and
- thereafter by 5% of the respective amounts in effect on the anniversary of the Policy Effective Date on which You were 65 years of age.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable ]

**[5% Equal Benefit Increases:** On each anniversary of the Policy Effective Date Your then current Nursing Facility Maximum and the current amounts of other dollar maximums will each increase by 5% of their respective amounts in effect on the Policy Effective Date. Calculation of the increased amounts is not affected by Benefit payments.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable]

**[5%][3%] Future Purchase Options:** These provide a way to increase Your Benefit maximums on every [2nd][3rd] anniversary of the Policy Effective Date. Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise eligible for Benefits on the date the offer is accepted.

You will be given the option to purchase additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of [XX.x%]). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Offers and Benefit Increases cease when: (a) You have refused/declined three consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) the Policy ends; or (e) the Policy is continued under any Nonforfeiture Benefit, if applicable. ]

**[5%][3%] Guaranteed Purchase Options:** These provide a way to increase Your Benefit maximums on every [2nd][3rd] anniversary of the Policy Effective Date. Increases will be available even if You are Chronically Ill or otherwise eligible for Benefits.

Unless refused/declined by You, these increases will provide additional coverage equal to [5%][3%] compounded annually for the [2][3] year period (an approximate increase of XX.x%). The increases will apply to Your then current Nursing Facility Maximum and the current amounts of other dollar maximums. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Offers and Benefit Increases cease when: (a) You have refused/declined three consecutive options to increase Benefit maximums; (b) the applicable maximum has been exhausted; (c) they are terminated by You; (d) the Policy ends; or (e) the Policy is continued under any Nonforfeiture Benefit, if applicable. ]

**Page 3A** – The Schedule will continue with the following description of the Benefits and Services Provided. *Bracketed information is variable and will be included as appropriate to reflect applicable plan features.*

<b>Benefits and Services Provided</b>	<b>We Pay [the Covered Percentage of ] Covered Expenses Up to these Limits (except where otherwise noted)</b>
Privileged Care Coordination Services .....	Not subject to coverage limits
Nursing Facility Benefit .....	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit.....	[[50%][60%][75%] of the ]Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit .....	60 days per calendar year
International Benefit .....	See Endorsement listed below
Home and Community Care Benefit .....	[[50%][60%][75%] of the ]Nursing Facility Maximum per [day] [calendar month]]
Home Assistance Benefit .....	A Policy total payment maximum equal to
(Equipment, modifications & training)	[\$Y,yyy][X times the Nursing Facility Maximum]
Hospice Care Benefit .....	Included
Respite Care Benefit .....	30 days per calendar year
Alternate Care Benefit.....	Payment subject to mutual agreement
Contingent Nonforfeiture Benefit.....	Included
Waiver of Premium Benefit .....	Included
The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit].	
[This also applies when Your Spouse or Partner for Shared Coverage qualifies for Waiver of Premium under the Policy or his or her Policy.]	

The following Riders and Endorsements are attached to, and included in, the Policy.

International [Coverage] [Nursing Facility] Benefit....	Included
[Nonforfeiture Benefit .....	Included]
[Shared Coverage Benefit.....	Included [with] [without] Joint Waiver
[10 Year Survivorship Benefit .....	Included]
[Enhanced Survivorship Benefit.....	Qualification Period: [XX] years]
[10 Year Refund of Premium on Death Benefit .....	Included]
[Graded Refund of Premium on Death Benefit .....	Included]
[Restoration Benefit .....	Included]
[Family Care Benefit .....	[XX% of the] Nursing Facility Maximum per day for 30 days per calendar year]
[Transition Benefit .....	A Policy total payment maximum equal to [5 times][20% of] the Nursing Facility Maximum]
[Wellness Endorsement .....	Included]
[10 Year Premium Payment Rider .....	Included]
[To Age 65 Premium Payment Rider .....	Included]

*The following (with the applicable bracketed phrase) will appear below the above listing.*

The maximum total amount payable for all Covered Expenses incurred [on a day] [in a calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

**Page 3B – The Schedule will continue with the following Premium Data:**

*This area will list optional Riders with the applicable Annual Premium. When there is Shared Coverage and/or a Survivorship Benefit, the name of the Spouse/Partner will be indicated with the listing of the applicable Rider(s).*

<b>Premium Data -</b>	<b>Annual Premium</b>
Basic Policy Coverage .....	[\$XXX.XX]
[Nonforfeiture Benefit Rider .....	\$XX.XX]
[Shared Coverage Rider .....	\$XX.XX]
Spouse or Partner for Shared Coverage   Mary Jane Doe]	
[10 Year Survivorship Benefit Rider.....	\$XX.XX]
Spouse or Partner for 10 Year Survivorship Benefit   Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider .....	\$XX.XX]
Spouse or Partner for Enhanced Survivorship Benefit   Mary Jane Doe]	
[Graded Refund of Premium on Death Benefit Rider .....	\$XX.XX]
[10 Year Refund of Premium on Death Benefit Rider.....	\$XX.XX]
[Restoration Benefit Rider.....	\$XX.XX]
[Family Care Benefit Rider.....	\$XX.XX]
[Transition Benefit Rider .....	\$XX.XX]
 Total Annual Premium.....	 \$XXX.XX]

*The above is followed by the following entries with the First Premium, Premium Payment Mode, Modal Premium, Premium Payment Period and Rating being as appropriate to the Insured.*

<b>First Premium</b>	<b>Premium Payment Mode</b>	<b>Modal Premium</b>
[\$XXX.XX]	[Quarterly]	[\$yyy.yy]

Premium for payment modes other than annual are the following percentage of the Annual Premium:

Semi-annual = 51%; Quarterly = 26%; Monthly = 9%

**Total First Year Premium Payment Options** (including all optional Coverage)

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Modal Premium	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
Total Yearly Cost for First Year Premium	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]

Premium Payment Period:   [Lifetime]  
                                      [10 Years – See attached 10 Year Premium Payment Rider]  
                                      [To Age 65 – See attached To Age 65 Premium Payment Rider]

Rating: [Standard]

*At the bottom of the page there may be an Optional Entry for Schedule Print Date to be used when a reprinting of the Schedule is appropriate to reflect insured requested changes, such as a change of address or others entries, including, but not limited to those that are administrative in nature.*

[This Schedule reflects changes as of the Print Date: 02/20/2011  
Attach it to Your Policy along with prior Schedule pages.]

**Policy page 18**

*The second bullet item of the Non-Duplication provision may include the following bracketed language as appropriate:*

- any other Federal, state or other government health or long term care program [(including the **Community Living Assistance Services and Supports Act – CLASS Act**)]

## 7052-OL      Outline of Coverage

### Item 9 – Benefits Provided

*The Other Features and Options at the end of this item will include the following (as applicable) to describe the Riders, Endorsements and other Features included in the product being offered. One of the International Benefits will always be included; and the Nonforfeiture Benefit will always be described. All other Benefits and Features will be included or excluded based on the plan being offered. When a Feature is not optional, (e.g. included in base policy coverage) the word Optional will be deleted, or modified to indicate that the feature is included in certain plan(s). Riders and endorsements developed in the future will be described in a similar manner.*

**[International Coverage Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.] **OR**

**[International Nursing Facility Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.]

**Optional Nonforfeiture Benefit:** This Benefit provides for the continuation of the Policy if the Policy ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for the Policy; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time the Policy ends. In no event will this amount exceed the unused Coverage Maximum at the time the Policy ends.

**[Optional] [Shared Coverage Rider:** When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Coverage Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of its original Coverage Maximum. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases. When the Shared Coverage Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.]

**[Optional] [Waiver of Home Care Elimination Period:** This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.]

**[Optional] [Restoration Benefit:** This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.]

**[Optional] [Family Care Benefit:** This Benefit pays for Covered Expenses incurred for care provided by family members up to a calendar year total of: 30 days with a daily maximum of: 25% of the Nursing Facility Maximum per day when daily Benefits apply; or 1% of the Nursing Facility Maximum per day when Benefits are payable on a calendar month basis.]



**Item 9 – Benefits Provided (Continued)**

**[Optional] [Transition Benefit:** This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [10 Year Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years; and (2) die while the Policy is still in-force.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [Graded Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional 10 Year Survivorship Benefit:** This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.]

**[Optional Enhanced Survivorship Benefit:** This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.]

**Item 10 – Exclusions and Limitations**

*The second bullet item of the Non-Duplication provision may include the following bracketed language as appropriate:*

- any other Federal, state or other government health or long term care program [(including the **Community Living Assistance Services and Supports Act – CLASS Act**)]

## 7052-OL Outline of Coverage (Continued)

### Item 11 – Relationship of Cost of Care and Benefits

In Outlines, the statements for the Available Benefit Increase Options will be the first section of each Benefit Increase (first 2 sections for Purchase Options) since the lead-in description in this item contains much of the wording common to all provisions.

*Unless automatically included, 5% Compound Benefit Increases will always be offered, but may be combined with 4% and/or 3% increases when described in the Outline.*

*Where [XX.x%] appears in a Purchase Option we will insert the % increase for the applicable rate and time period*

*The Inflation Protection – Graphic comparisons will be as applicable to illustrate the Benefit Increase provisions being offered.*

### Item 13 – Premium

*This item will indicate the applicable Premium for a single applicant or a couple for the policy and options available under the product being offered with the following variations. Plan information will be included in when an item is included in some plans and optional for others.*

**Shared Coverage Rider** – When a choice of Joint Waiver is not optional this entry will indicate whether coverage is with or without Joint Waiver (rather than a Yes/No choice)

**Enhanced Survivorship Benefit** – The Qualifying Period may be pre-completed as “7 Year” or “10 Years” or allow for individual selection

**Refund of Premium on Death Benefit** – This may allow for choice of either a “Graded” or “10 Year” version or if only 1 version is being offered show fill-in for either the “Graded Return of Premium on Death Benefit” or the “10 Year Return of Premium on Death Benefit” as applicable.

### SCHEDULE at end of Outline

*This Schedule at the end of the Outline will be used to record applicant choices for a single applicant or a couple or may use multiple columns to display choices for varying plans. .*

**Shared Coverage Rider** – When available, will indicate whether Joint Waiver of Premium is included, excluded, or an individual option.

**Coverage Percentage** – In most all instances this will be 100%, but 80% may apply or be a cost saving optional choice.

**Elimination Period** – This will state whether it is based on “Days of Covered Care” “Calendar Days” or an individual choice.

The Waiver of Home Care Elimination Period entry will not appear if that is not available and will be either an individual option (Yes/No choice) or indicated as “Included”

**Nursing Facility Maximum** – This will indicate whether it is a “per Calendar Month” maximum or a “per Day” maximum; and will provide for either individual fill-in or plan amount choices

**Assisted Living Facility Maximum** – This will indicate the % of the Nursing Facility Maximum applicable to the Assisted Living Facility Benefit. It may be a predetermined % or a choice among the available options.

**Home and Community Care Maximum** – This will indicate the % of the Nursing Facility Maximum applicable to the Home and Community Care Benefit. It may be a predetermined % or a choice among the available options.

**Benefit Multiplier** – The individual choices may be based on days, months or years worth of benefits and will provide either Applicant choices or individual fill-in. N/A may be an option if the applicant can choose a plan that is based on a dollar level of Coverage Maximum (e.g. \$100,000).

The Benefit Multiplier entry will be deleted in its entirety when the Coverage Maximum is stated in dollars rather than days, months or years of benefits.

## 7052-OL Outline of Coverage (Continued)

**Coverage Maximum** – The reference to the amount being the “Nursing Facility Maximum X Benefit Multiplier” will be deleted if this is not related to Years worth of benefit. The selection area can either provide for fill-in of a dollar amount or Applicant choices

**Benefit Increases** – This will include the appropriate statement as to when the Coverage Maximum is exhausted.

Unless automatically included, 5% Compound will always be included among the Applicant choices.

**Benefits and Services Provided** – This table will be completed with the applicable variables based on the plan choices. The Waiver of Premium may be limited to the Nursing Facility Benefit only, or include all listed Benefits.

## 42422W MOD 08/25/10 Long Term Care Insurance Personal Worksheet

**All Sections** – The form may be revised to contain signature lines for only one applicant. In that event, any reference to a second applicant, including title lines for Applicant B Signature, duplicate signature lines and additional text would not appear.

**Preliminary Text** – The instructions regarding completion and submission of the form will appear only as appropriate to the insured.

**Section B** – References to the national median cost of care will be updated as appropriate.

References to *Agent/Producer* will appear as appropriate, dependent upon the involvement of an agent/producer in the application process.

## 7052 END-WE Wellness Endorsement

The bracketed language will appear should the company choose to launch a program in which additional wellness services are made available as an incentive to participate in a health assessment. When such language is used, it will be included in all endorsements then being issued.

## RULE 94

## APPENDIX C

## ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

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**I. GENERAL INFORMATION****A. Name, address and telephone number of issuer:**

Genworth Life Insurance Company  
6620 West Broad St. Bldg 2  
Richmond, VA 23230  
888-436-9678

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

Camisha Jones  
6620 West Broad St. Bldg 2  
Richmond, VA 23230  
804-484-7044

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

7052 et al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

**II. CERTIFICATIONS**

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

10/29/2010

Date

Paul Loveland, VP

Name and title of officer of the Issuer



Signature of officer of the Issuer